



**MASTER OF ACUPUNCTURE & ORIENTAL MEDICINE DEGREE PROGRAM
 REGISTRATION & ENROLLMENT AGREEMENT**

Name _____ SSN _____
 Mail Address _____ City/State/Zip _____
 Contact Phone _____ / _____ Email _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____
 Mailing Address _____ City/State/Zip _____
 Telephone _____ / _____ Other _____

SEMESTER: Fall / Spring / Summer **YEAR:** _____

Full Time Session **FULL TIME PROGRAM** (\$195 per credit)
 22 credits **Fulltime tuition** \$ 4950.00

PART TIME PROGRAM (\$225 per credit)
 Students taking a Part time program must pay the course rates set out below.

<input type="checkbox"/> Taoist Classic Medicine	2.0 credits	\$ 450.00	
<input type="checkbox"/> Chinese Medicine Theory	3.0 credits	\$ 675.00	
<input type="checkbox"/> Treatment Strategies	3.0 credits	\$ 675.00	
<input type="checkbox"/> Herbal Medicine	4.5 credits	\$ 1012.50	
<input type="checkbox"/> Biomedical Clinical Sciences	4.5 credits	\$ 1012.50	
<input type="checkbox"/> Clinical Training & Internship	4.0 credits	\$1800.00	
<input type="checkbox"/> Ethics & Practice management	1.0 credit	\$ 225.00	Part Time tuition \$ _____

PROGRAM FEES

<input type="checkbox"/> Clinic Lab fee (All students participating in Clinical Training & Internship)	\$ 100.00
<input type="checkbox"/> Activity fee (All students)	\$ 195.00
<input type="checkbox"/> Clinic malpractice insurance (All students participating in Clinical Training & Internship)	\$ 75.00
Total Tuition plus Program Fees	\$ _____

TOTAL CREDITS REGISTERED AND ENROLLED _____

TOTAL TUITION DUE (Program tuition and activity fees) \$ _____

I will pay by Financial Aid Personal Funds (Check, credit card, etc.) Other _____

PART TIME PROGRAM FEES: The Full time program is offered at the above discounted rate. Students taking the Part time program must pay the course rates set out above. If students are taking all but one of the courses a special Part time discounted rate will be charged whereby 50% of the tuition for the course not being taken will be deducted from the Full time tuition figure.

REGISTRATION/PAYMENT POLICY: Completed Registration & Enrollment Agreement and full tuition balance are due two weeks before the first day of the semester, unless payment is by financial aid, where it is due upon receipt of such financial aid, otherwise a \$20/course administrative fee for late enrollment and 1% late charge for late payment will be assessed monthly on the unpaid balance. All other fees must be paid at the time required or agreed upon. Any student who has an overdue and outstanding financial obligation to the Institute will not be allowed to enroll for a new semester of instruction or to participate in any clinical training programs, until such sums are paid.

REFUND POLICY: Full tuition will be charged, if credit is given for a semester's work. Students receiving Financial Aid or VA benefits must refer to the Institute's Catalog for the relevant refund policy pertaining to them. In all other circumstances the following percentage of tuition will be refunded to students who formally withdraw, based on the acceptance date of the formal withdrawal letter, less an Administrative and Cancellation Fee of \$35.00 per course enrolled:

Before first class of semester begins	100%	Within the first two weeks of the semester	80%
Within third and fourth weeks of semester	40%	After fourth week of semester	No refund

FINANCIAL AID: Students must remain in good academic standing with a minimum GPA of 2.0 to continue receiving federal aid. Students receiving financial aid must complete an exit financial aid interview upon leaving the program or graduation. Official transcripts will not be released until the exit financial aid interview is completed. To ensure the timely arrival of financial aid checks, students must complete the required financial aid process at least two months prior to the beginning of the semester.

AGREEMENT: I have read, clearly understand, and expressly agree to be responsible for and abide by all policies and procedures stated in this registration & enrollment agreement, the latest edition of the World Medicine Institute (hereinafter "WMI") Catalog and WMI Student Handbook. Changes to this agreement can only be made if approved and signed in writing by WMI. WMI can waive or delay enforcing any rights under this agreement without renouncing them. It is also understood and agreed that if any portion of this agreement be held invalid or void, that portion shall be excluded from this agreement and the remainder thereof shall remain in full force and effect.

RELEASE: I expressly agree to release, indemnify and hold harmless WMI, Tai Hsuan Foundation, their agents, teachers, employees, independent contractors, and representatives from any and all liability for personal injury and/or property damage or loss which may arise from any participation by me in any program put on by WMI, Tai Hsuan Foundation, their agents, teachers, employees, independent contractors, and representatives. I enter into the above agreement voluntarily and on behalf of my kin, heirs, administrators and assigns.

Applicant Signature _____ Date _____

Registrar Signature _____ Date _____