

## Agape English Language Institute

Columbia and Greenville, South Carolina, USA



## STUDENT REFERRAL AGREEMENT

Name of Referrer:		What's a Simon Giftcard®?
Address of Referrer: (street name and number, city, state/ province, postal code and country)		A Giftcard may be used when making purchases from any merchant that accepts Visa® debit cards. Your Giftcard will be mailed to your address in the U.S.
Phone of Referrer:		What's a Simon Giftaccount®? A Giftaccount is a prepaid Visa virtual purse which may be used when making purchases on the Internet,
E-mail of Referrer:		
Name of Applicant:		by telephone, or by mail order from any merchant that
Session Applied For: (specify dates)		accepts Visa debit. Your account information will be sent to your e-mail address.
Referral Benefit: (choose one)	□ Tuition Discount □ Gif	card Giftaccount (Referrers outside the U.S. must select this option.)
<ol> <li>Language Institute (hence</li> <li>Referrer must be in good s</li> <li>Benefit is awarded for refe</li> <li>Applicant must enroll in or course; at least \$325), and</li> <li>After this agreement is exe the session dates specified</li> <li>Benefit is calculated as 10 insurance, or other fees);</li> <li>Benefit will not exceed \$16</li> <li>Referrer cannot claim mor</li> <li>Applicant may not be refered</li> </ol>	Forth, "AELI"); standing with AELI and have nerring a new student (henceforthe or more courses of study, to d must pay in full and complete ecuted, Applicant is not eligible d above (i.e., "Session Applied 0% of Applicant's first-session t 60 for each Referred Applicant re than one Benefit for each Ap rred by more than one Referre a course of study before Augus registers late;	n, "Applicant"), one who has had no previous enrollment in AELI; aling at least \$625 (with the exception of "Integrated Skills" evening 33% of course before Benefit is awarded to Referrer; for a refund of any tuition paid for a course of study which begins during For"); ition (not including application, homestay, transportation, textbook, health plicant; however, Referrer may make any number of referrals;

conditions.aspx?giftaccount=1).

By signing this form, Referrer, Referred Applicant and AELI agree to the stated Terms and Conditions of this Agreement. (Please allow 10-15 business days after time specified in 3 above to receive your Referral Benefit.)

Referrer's Name:	Signature:	Date:
Applicant's Name:	Signature:	Date:
AELI Official's Name:	Signature:	Date:

AELI, COLUMBIA | P.O. Box 12504 • Columbia, SC 29211 • 803.799.3452 • 803.252.5500 (fax) • columbia@aeliusa.com AELI, GREENVILLE | 3-D Cleveland Ct. • Greenville, SC 29607 • 864.233.3151 • 864.233.4828 (fax) • greenville@aeliusa.com