

Veterinary Allied Staff Education, LLC

*Alternate Route Program
PO Box 278, Dixon CA 95620
888-499-8273*

Enrollment Application for RVT Exam Eligibility Course
Course location – www.vetstaff-edu.com

Please print and completely fill out a copy of the enrollment form below and

Mail to:

or

Fax to:

Veterinary Allied Staff Education, LLC

707-693-8273

PO Box 278

Dixon, CA 95620

To qualify for this program you must have or be close to having 4,416 hours, in no less than 2 years, work experience with a California licensed Veterinarian. It is a 17 week program consisting of 306 educational hours with class times being Monday – Thursday from 6pm until 10pm.

1 Please clearly print your name as you wish it to appear on your records:

Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--

Common name you prefer to use(if applicable):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Physical Address:

Mailing Address:

E-Mail Address: _____

Social Security Number:

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Date Of Birth:

		/			/				
--	--	---	--	--	---	--	--	--	--

Phone Numbers:

Daytime phone number:

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Cell phone number:

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Program start date: January 16, 2017 **Scheduled completion date:** May 11, 2017

Period covered by enrollment agreement: Date of application to January 16, 2017

This agreement must be cancelled no later than: January 16, 2017

Work Experience: Please list only the Veterinary Clinics or Veterinarians you have worked for or are currently working for within the past 5 years and please state how long you have worked for each. Please also provide contact information for each Veterinarian you have worked for or are working with currently.

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, prior to signing this agreement.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact Sheet, and have signed , initialed, and dated the information provided in the School Performance Fact Sheet.

_____ Initial here

Notice concerning transferability of Credits and Credentials earned at our institution

The transferability of credits you earn at Veterinary Allied Staff Education (VASE) is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in VASE is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending VASE to determine if your certificate will transfer

Student's Right To Cancel:

Students have the right to cancel and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment , whichever is later. Cancellation shall occur when you give written notice of cancellation at the address of the school. You may submit a cancellation notice by mail to the above address or hand delivery. The written cancelation, if sent by mail, is effective when deposited in the mail properly addressed with postage prepaid.

Payment and Refund Policy:

The student may cancel/withdraw the enrollment agreement at any time; the student will be refunded full amount of monies paid less \$100.00 registration fee during the enrollment period as stated above. The student may cancel/withdraw from a course after instruction has started and receive a pro rata refund of the unused portion of the tuition and other refundable charges if the student has completed 60% or less of the instruction.

The cost of the course is \$5000.00. Payments can be made by cash, check, money order, or credit card. Tuition is due in full by the completion date of the class the student is enrolled and will be interest free until that date. Should payment not be made in full by the end date of the program in which the student is enrolled all credentials will be held by Veterinary Allied Staff Education, LLC until all monies are paid. An interest rate of 7% will accrue on the unpaid balance. An initial minimum payment of \$1500.00 is due prior to the start date of the class in which the student is enrolling in order to begin that program.

Refunds will be made on a percentage of amount paid to the time attended minus non-refundable application fee. This refund policy is for those students who have completed 60 percent of the course or less. Students who have completed 61 percent or more of the course are not eligible for a refund.

The total hours for the program are 306. The cost of the program is five thousand dollars (\$5000.00). Calculated according to CEC 94820 and 94931, this equates to \$16.34 per hour. Therefore, if a student attends 48% of the

course the refund would be, cost of the program (\$5000.00) less their obligation (48% of 306 hours x \$16.34 + 100.1 non-refundable deposit).

Example:

48% of 306 hours = 146.88 hours x \$16.34 = \$2400.02 + \$100.00 = \$2500.02. Total cost of the program \$5000.00 – students obligation \$2500.02 = student refund of \$2499.98.

VASE, without penalty or obligation, shall refund 100 percent of the amount paid for course charges, less the application fee of the one hundred dollars (\$100.00), if notice of cancellation is **made prior to or on the first day of instruction**.

Notice of cancelation may be made at any time either by calling the VASE office at 888-499-8273 or in writing which should be mailed to: VASE, PO Box 278, Dixon, CA 95620.

Students who have not attended the first week of class will be dropped from the program. A refund at a prorated scale of the tuition will be provided, except for the non-refundable registration fee. The student may reapply for the next Alternate Route, RVT Program without an additional registration fee. This is a one-time only consideration. Students must maintain a “C” average to be eligible for course completion.

The Institution shall pay or credit refunds due on reasonable or timely basis, not to exceed 30 days following the date upon which student’s withdrawal has been determined.

Any questions or problems concerning this school that have not been satisfactorily answered or resolved by the school should be directed to the Department of Consumer Affairs, Bureau for Private Postsecondary Education, 2535 Capital Oaks Dr, Suite 400, Sacramento, CA 95833, www.bppe.ca.gov, toll free 888-370-7589 or by fax 916-263-1897.

We are registered with the State of California. Registration means that we have met certain minimum standards imposed by the state for registered schools on the basis of our written application to the state. Registration does not mean we have met all of the more extensive standards required by the state for schools that are approved to operate or licensed or that the state for schools that are approved to operate or licensed or that the state has verified the information we submitted with its registration form.

Student Tuition Recovery Fund Disclosure:

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition either by cash, guaranteed student loans, personal loans, check, money order, or credit card, and
 2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.
- You are not eligible for protection from the STRF and you are not required to pay the STRF assessment if either of the following applies:
1. You are not a California resident, or are not enrolled in a residency program, or
 2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.

The State of California Created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California Residents, or are enrolled in a residency program attending certain schools regulated by the Bureau for Private Postsecondary Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid STRF assessment, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
4. There was a material failure to comply with the Act or Division within 30-days before the school closed or, if the material failure began earlier than 30-days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act.

Loan Obligation

If a student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

If a student defaults on a federal or state loan, both of the following may occur:

1. The federal or state government or a loan guarantee agency may take action against the student, including garnishing an income tax refund; and
2. The student may not be eligible for any other government financial assistance at another institution until the loan is repaid.

Tuition and Fees:

Tuition in full	_____ \$5000.00
Application fee (this is a non-refundable deposit and must accompany application and becomes part of your tuition)	_____ \$ 100.00
or	
Initial payment (this amount must be paid before January 9, 2017)	_____ \$1500.00
Student Tuition Recovery Fund (this is non-refundable and \$0.50 per \$1,000 must be paid with application)	N/A
Total Amount Paid at time of application	\$ _____
Total charges for the current period of attendance:	
Estimated total charges for the entire educational program:	\$5000.00
Total charges the student is obligated to pay upon enrollment:	\$100.00

“NOTICE”

YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE.

*This institution will not be offering any distance learning.

Signature:

I DECLARE under penalty of perjury that the statements and information submitted in this application are true and correct.

I UNDERSTAND that all materials and information submitted by me for purposes of enrollment become Veterinary Allied Staff Education, LLC-CA property and part of my official record.

I UNDERSTAND that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Students Name (printed) _____

Signature _____

Date _____

This is a legally binding contract when signed by the student and accepted by the institution

For Office Use Only:

Application accepted by _____

Signature _____ Date _____