ENROLLMENT AGREEMENT

Instruction provided at: MAOF SKILL CENTER - BAKERSFIELD
2130 Chester Avenue
Bakersfield, CA 93301
(661) 336-6826
maof.org

Student Name

____________________________________
Address

____________________________________
City

____________________________________
State

____________________________________
Zip Code

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to:

Bureau for Private Postsecondary Education
1747 N. Market Blvd. Ste. 225
Sacramento, CA 95834

Website Address: www.bppe.ca.gov

Telephone: (888) 370-7589
(916) 574-8900
Fax: (916) 263-1897

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 or by completing a complaint form, which can be obtained on the bureau’s Internet Website, www.bppe.ca.gov

STUDENT TUITION RECOVERY FUND DISCLOSURES

The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if 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.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at MAOF SKILL CENTER - BAKERSFIELD is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in ______________________(Course) 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 are 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 c
certain that your attendance at this institution will meet your educational goals. This may include contacting an i
stitution to which you may seek to transfer after attending MAOF SKILL CENTER - BAKERSFIELD to determine f
your certificate will transfer.

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact S
theet, which you are encouraged to review prior to signing this agreement. These documents contain important p
olicies 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, salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

_______ (initials) I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, salaries or wages, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.”

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at P.O. Box 980818, West Sacramento, CA. 95798-0818, or at www.bppe.ca.gov. The toll free number is 1.888.390.7589. The fax number is 1.916.574.8648.

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling toll free at 1888.370.7589 or by completing a complaint form, which can be obtained on the bureau's Internet Website at www.bppe.ca.gov.

This agreement is for the course:  □ Bookkeeping  □ Clerical

Start Date: _______________ Schedule Completion Date: _______________(720 Clock Hours)  Total Cost: __0____

STUDENTS RIGHT TO CANCEL
You have the right to cancel your agreement for a program of instruction, without any penalty or obligations, through attendance at the first class session or the seventh calendar day after enrollment, whichever is later.

A student may cancel this enrollment agreement by providing a written notice to Magda Menendez, Administrator, MAOF SKILL CENTER – BAKERSFIELD, 2130 Chester Avenue Suite 200, Bakersfield, CA  93301.

REFUND POLICY

You have the right to cancel your agreement for a program of instruction, without any penalty or obligations, through attendance at the first class session or the seventh calendar day after enrollment, whichever is later. After the end of the cancellation period, you also have the right to withdraw from school at any time; and you have the right to receive a pro rata refund if you have completed 60 percent or less of your educational program in your program through the last day of attendance. **Refunds due will be processed within 45 days** of the last day of attendance if you provided written notification of withdrawal to the institution or from the date the institution terminates your or determines you withdrew. **Refunds due will be paid without requiring a request from the student.** If you complete more than 60% of your educational program, the tuition is considered earned and you will receive no refund.

1. **Refunds for Classes Canceled by the Institution**

If tuition and fees are collected in advance of the start date of a program and the institution cancels the class, 100% of the tuition and fees collected will be refunded.
2. **Refunds for Students Who Withdraw On or Before the First Day of Class**

Institutions shall refund 100 percent of the amount paid for institutional charges, less a reasonable deposit or application fee not to exceed two hundred fifty dollars ($250), if notice of cancellation is made through attendance at the first class session, or the seventh day after enrollment, whichever is later.

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<thead>
<tr>
<th>Bookkeeping Educational Program Cost</th>
<th>WIOA</th>
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</thead>
<tbody>
<tr>
<td><strong>Program</strong></td>
<td>Bkpk</td>
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<tr>
<td><strong>Program length</strong></td>
<td>7 months</td>
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<tr>
<td><strong>Registration fees</strong></td>
<td>0</td>
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<tr>
<td><strong>Educational supplies cost</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Tuition fees</strong></td>
<td>$4167.00</td>
</tr>
<tr>
<td><strong>Student Tuition Recovery Fund Fee (non-refundable)</strong></td>
<td>0</td>
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<th>Clerical Educational Program Cost</th>
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You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

**STUDENT LOAN**

If you obtained a loan to attend our institution you are responsible to repay the full amount of the loan plus interest, less the amount of any refund received and if you received federal student financial aid funds, you are entitled to a refund of the moneys not paid from federal financial aid funds.

If you are eligible for a loan guaranteed by the federal or state government and you default on the loan, both of the following may occur:

1. The federal or state government or a loan guarantee agency may take action against you including applying any income tax refund to which you are entitled to reduce the balance owed on the loan.

2. You may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

**TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE:** $4167.00
**ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM:** $4167.00
**THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT:** $4167.00
WIOA

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: $0.00
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: $0.00
THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT: $0.00

CANCELLATION DATE

I understand I may cancel or withdraw my agreement for enrollment into the program by ___________(Date) without any penalty or obligation.

THIS ENROLLMENT AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THE SCHOOL

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.

______________________________________________ Date
Signature of Student

______________________________________________ Date
Signature of School Official*

ENROLLMENT AGREEMENT- EFFECTIVE DATE 7/1/21 TO 6/30/22