

THE INSTITUTE FOR THE STUDY OF INFECTION CONTROL

252 West 29th Street, New York, NY 10001 Phone 1-877-922-7237 Fax 212-290-2318

ENROLLMENT AGREEMENT

The Institute is Licensed by the N.Y. State Education Department, Bureau of Proprietary Schools

TRANSMISSION OF DISEASES AND OTHER HEALTH HAZARDS OF THE APPEARANCE ENHANCEMENT PROFESSIONS - ONLINE

Full Name _____ SS # _____

Street Address _____ DOB _____

City, State, Zip _____ Phone [a/c] _____

The Institute for Study of Infection Control will provide the student with an 18 hour curriculum entitled:

Transmission of Diseases and Other Health Hazards of the Appearance Enhancement Professions (an On-Line Course with Downloadable Capability)

This course is offered in a manner which permits the course taker to progress at his, or her, own speed. 18 hours is the estimated average time for completion.

COST AND METHOD OF PAYMENT

The Complete Cost for the full Course is \$49.95, which must be paid to the School on-line by use of a credit card or may be paid with downloaded Enrollment Agreement, by check or money-order.

N.Y. STATE REFUND POLICY - FOR ON-LINE COURSES

ISIC is subject to the provisions of sub-division one of Section 5001 of the Education Law.
“If termination takes place at a point between then the school may retain 5% (the sum of \$2.50).

Upon registration, the Student must download and mail a signed copy of this Enrollment Agreement to the school and student must also keep a copy of the Enrollment Agreement.

CONDITIONS

1. If a refund is requested it shall be paid within ten business days, with a written accounting.
2. The only entrance requirement is to be 17 years of age or older.
3. Enrollment Agreement can only be changed in writing signed by both Director and student.
4. The Student agrees to take the Full Course as offered before he or she takes the final test.
5. Student agrees to download a copy of this Enrollment Agreement and sign it as is required, as indicated by an asterisk * and return same to the school upon registration.

6. In event school rejects student's application all payments made by student will be returned.
7. Upon successful completion of the course curriculum, as evidenced by passing the final test offered on-line, **THE INSTITUTE FOR STUDY OF INFECTION CONTROL** will issue to the Student two Certificates of Satisfactory Completion, suitable for framing.
8. In some cases, if requested by the Student, the school may be able to assist the student to find a job. The school will try, but makes no promise or guarantee of employment.
9. Final records are graded only as PASS or FAIL.
10. Students who FAIL may retake the final exam for a one time fee of \$19.95.

I have voluntarily downloaded this Enrollment Agreement and completed it in my own handwriting. I herewith submit this Enrollment Agreement to the Institute for the Study of Infection Control, Inc.

(Print) Student's Full Name _____ Date _____

I have fully read and I do understand this Enrollment Agreement.

* Student's Signature _____ Date _____

By my signature below I agree to the Conditions herein.

* Student's Signature _____ Date _____

Student to Check one Box: I paid on-line by credit card (last 4 numbers of card were) _____ I enclose with this Agreement my Cashier's Check or Money Order, payable to "I.S.I.C., Inc."

ONLY SCHOOL MAY ENTER INFORMATION BELOW: (For those who do not pay on-line.)

Registration Fee Received (\$49.95) By MONEY ORDER

(\$49.95) By CASHIER'S CHECK

(\$49.95) By OTHER

Signature of School Representative _____ Dated _____

Details or Comments: _____
