

Phoenix Strategies, Inc.
Enrollment Agreement
3730 Sinton Road, Suite 105, Colorado Springs, CO 80907
(719) 266-8181

Approved and Regulated by the Colorado Department of Higher Education Private Occupational School Board

General Information

Date _____

Student's Name _____

(Please print your name clearly as you would like it to appear on your training Certificate)

Address _____

Street

City

State

Zip

Home Phone _____

Bus. Phone _____

Cell _____

Other Phone _____

E-mail Address _____

Pre-requisite

For all classes: Do you have a high school diploma/equivalent? _____ yes _____ no

For all classes except Basic Mediation: Have you taken 40-hours Basic Mediation? _____ yes _____ no

Program: ☐ Training ☐ Internship ☐ Collaborative Mediator® Certification

Course Name _____ Course # _____ # Contact Hours _____

Start Date _____ Completion Date _____ Days _____ or Evenings _____

Type of Instruction: Classroom _____ (All courses are conducted in a classroom).

Tuition & Fees

Tuition \$ _____

Materials/Enrollment Fee \$ _____ (Non-refundable)

Total Cost of Program \$ _____

Schedule of Payments Deposit \$ _____ Date _____ **BALANCE DUE \$** _____

1st Payment Date Due _____ Date Received _____ Amount Received _____

2nd Payment Date Due _____ Date Received _____ Amount Received _____

The cost of credit is included in the price quoted for the goods and services.

By signing below, the student agrees to pay *Phoenix Strategies Inc.* the total stated tuition & fees. The school agrees to provide the occupational training in accordance with the provisions of the school's current Catalog Volume No. 13 Dated January 1, 2019. Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the school have been met, the school will award a PSI document of Course Completion which denotes the total number of contact hours and/or equivalent Continuing Education Credits (CEUs) to the student.

In the case of the Phoenix Strategies, Inc.'s. Collaborative Mediator ® Certification, students will be awarded a "PSI Certificate of Collaborative Mediation ®," upon documented successful completion of all academic, skill, internship/externship requirements and when all financial obligations to the school have been met.

The student and school understand that this Enrollment Agreement, WHICH INCLUDES THE REFUND POLICY, may not be amended except in writing and signed by both parties.

Postponement of Start Date

Postponement of a starting date, due to class size or weather is at the discretion of the School. The School will attempt to notify students of cancellation 72 hours prior to the course start date. If the course is not commenced, the student will be entitled to an appropriate refund of prepaid tuition and fees within 30 days of the original class start date, determined in accordance with the School's refund policy and all applicable laws and rules concerning the Private Occupational Education Act of 1981. Refunds include only fees and tuition and no other expenses to include but not limited to transportation and lodging. If postponement of

the start date is due to a student's medical or severe personal reasons, required documentation is necessary to substantiate the inability to attend the class. The school may offer the next available class or choose to refund fees and tuition.

Student Grievance/Complaints Procedure

Student complaints must be submitted in writing to the School within 48 hours of the incident and/or issue via certified mail. After receipt the School will provide a written response within 5 business days. If satisfactory resolution cannot be reached, the School and the student will enlist the services of a mutually agreed upon mediator. If the mediation does not resolve the situation, then the School and students will enlist the services of a mutually agreed upon arbitrator. Students may file a written complaint online with the Colorado Division of Private Occupational Schools at higherred.colorado.gov/dpos or by requesting a complaint form at 303-862-3001. All student complaints submitted to the Division must be in writing and shall be filed within two years after the student discontinues training at the school.

Refund Policy

Students not accepted to the school are entitled to all moneys paid. Students who cancel this contract by notifying the school within three days of signing the contract or date of the initial payment are entitled to a full refund of all tuition and fees paid if the applicant has not commenced training. Students who withdraw after three days of signing this contract or date of the initial payment but before commencement of classes, are entitled to a full refund of all tuition and fees paid except the maximum cancellation charge of \$150.00 or 25% of the contract price, whichever is less. In the case of students withdrawing after commencement of classes, the school will retain the cancellation charge plus a percentage of tuition and fees, which is based on the percentage of contact hours attended as described in the table below. The refund is time-based on the last date of recorded attendance.

Refund Table

Student is entitled to upon withdrawal/termination	Refund
Within first 10% of program (lessons 1-7)	90% less cancellation charge
After 10% but within first 25% of program (lessons 8-12)	75% less cancellation charge
After 25% but within first 50% of program (lessons 13-24)	50% less cancellation charge
After 50% but within first 75% of program (lessons 24-31)	25% less cancellation charge
After 75% [if paid in full, cancellation charge is not applicable (lessons 31-37)]	NO Refund

1. The student may cancel this contract at any time prior to midnight of the third business day after signing this contract.
2. All refunds will be made within 30 days from the date of termination. The official date of termination or withdrawal of a student shall be determined in the following manner:
 - a. The date on which the school receives written notice of the student's intention to discontinue the training program; or
 - b. The date on which the student violates published school policy, which provides for termination.
 - c. Should a student fail to return from an excused leave of absence, the effective date of termination for a student on an extended leave of absence or a leave of absence is the earlier of the date the school determines the student is not returning or the day following the expected return date.
3. The student will receive a full refund of tuition and fees paid if the school discontinues a program/Stand Alone course within a period of time a student could have reasonably completed it, except that this provision shall not apply in the event the school ceases operation.
4. The policy for granting credit for previous training shall not impact the refund policy.

I have received a copy of this enrollment agreement and the current catalogue. I understand and agree to the terms of this agreement.

☐ ***By checking this box and printing my name on the signature line below, I acknowledge that I am signing this document.***

Student Signature _____

Date _____

School's Approved In-state Agent _____

Date _____

Phoenix Strategies, Inc.
Waiver of Prerequisite Request

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Waiver of Prerequisite Request

Note: Course prerequisites are generally in place because a certain skill or body of knowledge is needed prior to taking the course in question. If the student has acquired that skill or knowledge from some other source or experience, the waiver of prerequisite may be appropriate. Waiver approval is done on a case by case basis and subject to review by PSI administration. Please attach supporting documentation. Note that if you are taking a 24-hour course in mediation, that many if not most, organizations may require a minimum or a forty-hour basic mediation course to practice mediation. Thank You.

Date: _____

Student Name: _____ **Email:** _____

Address: _____ **Phone:** _____

Course(s) for which waiver is requested _____

Prerequisite(s) for which waiver is requested _____

Rationale (prior education and experiences) for this request

PSI Recommendation

_____ Request is approved. Prerequisite is waived.

_____ Request is disapproved. Prerequisite will not be waived.

PSI Official _____ **Date** _____

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