

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 \_\_\_\_\_ Address \_\_\_\_\_
(Please print your name clearly as you would like it to appear on your training Certificate) Street City State Zip

Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell 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. 12 Dated January 20, 2017. 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 [higher.ed.colorado.gov/dpos](http://higher.ed.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 Volume 12, January 20, 2017. 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

**Waiver of Prerequisite Request**  
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(719) 266-8181

**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** \_\_\_\_\_