

The Wellness Forum Institute for Health
Studies

**510 East Wilson Bridge Road Suite G
Worthington, Ohio 43085
614 841-7700 fax 614 841-7703**

Student _____ Date _____

Address _____

City _____ State _____ Zip _____

Home phone (____) _____ Cell phone (____) _____

Office phone (____) _____ Fax phone (____) _____

Email address _____

SS# _____

I am hereby enrolling in the following academic program and my enrollment is subject to the terms and conditions stated in this enrollment agreement.

Program Name:

_____ The Nutrition Educator Diploma Program

Starting date: September 2024

Expected Program Length: 910 clock hours

This program is completed full time in 4 semesters plus a practical experience

Tuition and Fees:

| | |
|---|-------------|
| Registration Fee: | \$ 100.00 |
| Tuition For 722 hours of classroom instruction: | \$14,440.00 |
| Fee for supervision of practical experience | \$ 500.00 |
| Total Cost: | \$14,940.00 |

A schedule of the classes I have selected for Fall Semester 2024 is attached to this agreement as Exhibit A.

Payment:

All tuition and fees are payable for one semester or school term only. The application fee is due with this agreement. Payment in full for all classes taken this semester is due by Friday August 30 2024

Tuition and fee charges are subject to change at the school's discretion. Any tuition or fee increase will become effective for the school term following student notification of the increase.

Cancellation and Settlement Policy

This enrollment agreement may be canceled within five calendar days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student has already stated academic classes.

Refund Policy

If for any reason the student is not accepted into the Nutrition Educator Diploma Program, any registration fees paid will be refunded in full.

A student who withdraws before the first class and after the five-day cancellation period shall be obligated for the registration fee only.

A student who starts class and withdraws within two weeks of the start of the semester will receive a refund equal to 75% of the tuition paid.

A student who starts class and withdraws after two weeks but before 4 weeks will receive a refund equal to 50% of the tuition paid.

A student who starts class and withdraws after 4 weeks but before 7 weeks will receive a refund equal to 25% of the tuition paid.

There are no refunds for students who start class and withdraw after 7 weeks of the academic term.

The school will make allowances for documented illness, accidents, deaths in the family and other circumstances beyond the control of the student, and depending on those circumstances, the school may make refunds in excess of what is required by the above policies.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

Books can be returned for refund if they were purchased from the school and are new and unused.

Complaint or Grievance Procedure

All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, State Board of Career College and Schools, 30 East Broad Street #2481, Columbus, Ohio 43215. Phone 614 466-2752; toll free 877 275-4219.

I acknowledge I have received a school catalog and agree with the school policies and procedures stated. I acknowledge that I have received and read a copy of this enrollment agreement.

Applicant signature _____ Date _____

Parent/Guardian (if applicable) _____ Date _____

School Representative _____ Date _____

Date of publication of this form: June 15 2024

(this school is approved by the State Board of Career Colleges and Schools registration number 09-09-1908T)

Exhibit A

I have selected these classes for Fall Semester 2022:

| Class | Tuition |
|--------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Total Tuition _____

Signed this _____ day of _____, 20 ____.

Student Name

Student Signature

Schedule and Tuition for Full-Time Students

First Semester

| Class | Number of Hours | Tuition |
|--|------------------------|----------------|
| Chemistry I | 36 | \$720 |
| Biology | 36 | \$720 |
| Psychology I | 20 | \$400 |
| Plant-Based Nutrition and Health | 18 | \$360 |
| Nutritional Issues and Controversies | 16 | \$320 |
| Dietary Supplements | 12 | \$240 |
| Maternal/Pediatric/Childhood Nutrition | 24 | \$480 |
| Nutrition and Women's Health | 14 | \$320 |
| Total | 176 | \$3520 |

Second Semester

| Class | Number of Hours | Tuition |
|--------------------------------------|------------------------|----------------|
| Chemistry/Biochemistry II | 36 | \$720 |
| Microbiology I | 36 | \$720 |
| Anatomy/Physiology | 36 | \$720 |
| Psychology II | 22 | \$440 |
| Nutrition and Obesity | 20 | \$400 |
| Nutrition and Diabetes | 12 | \$240 |
| Nutrition and Cardiovascular Disease | 20 | \$400 |
| Total | 182 | \$3520 |

Third Semester

| Class | Number of Hours | Tuition |
|--|------------------------|----------------|
| Microbiology II | 36 | \$720 |
| Statistics I | 56 | \$1120 |
| Nutrition and Cancer | 20 | \$400 |
| Nutrition and Autoimmune Diseases | 24 | \$480 |
| Nutrition and Gastrointestinal Disorders | 16 | \$320 |
| Sports Nutrition | 24 | \$480 |
| Herbal Nutrition | 8 | \$160 |
| Total | 184 | \$3560 |

Fourth Semester

| Class | Number of Hours | Tuition |
|--|------------------------|----------------|
| Statistics II | 56 | \$1120 |
| Abnormal Psych/Eating Disorders | 16 | \$320 |
| Herbal Medicine | 28 | \$560 |
| Business Training for Health Care Prof | 12 | \$240 |
| Developing Meal Plans | 20 | \$400 |
| Scope of Practice Issues | 6 | \$120 |
| Food Preparation | 22 | \$440 |
| Institutional and School Food | 20 | \$400 |
| Total | 180 | \$3600 |
| Practical Experience | 200 hours | \$500 |