The Wellness Forum Institute for Health Studies

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

Student _____ Date _____

Address _____

City _____ State _____ Zip _____

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

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

Email address _____

SS# _____Occupation: _____

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:

_____ Why and How to Withdraw From Psychiatric Drugs

Starting date: January 27 2027
Enrollment due by Friday, January 15, 2027

Expected Program Length: 87 Clock Hours
This program is completed in 16 weeks

Tuition and Fees:
Registration Fee: $ 100.00
Tuition: $1500.00
Total Cost: $1600.00

Occupation: _____

Payment:
All tuition and fees are payable for one quarter, semester or school term only. Payment is due prior to the start of classes each term.

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.

Payment Method:

_____ **Check** (must be received by Friday, January 15, 2027

_____ **Credit Card** (please complete information below)

Credit card # _____ _____ _____ _____
Exp date _____
Security Code _____

Signature _____

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 the applicant is not accepted into the program, all monies paid by the student shall be refunded. Refunds for books, supplies and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10. There is one (1) academic term for this program that is 39 contact hours in length. Refunds for tuition and fees shall be made in accordance with following provisions as established by Ohio Administrative code section 3332-1-10:

(1) A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
(2) A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and refundable fees plus the registration fee.

(3) A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
(4) A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
(5) A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school determines that a student has withdrawn or has been terminated from a program. For students who do not officially withdraw (example stopped attending classes and did not notify the school), refunds will be made within 60 days of the withdrawal.

Books can be returned for refund if they 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: August 16 2026

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