



11321 Sunset Hills Road • Reston VA • 20190

**Intellectual  
POINT**

# Course Enrollment Form

## Student Information

STUDENT NAME: \_\_\_\_\_ CERTIFICATE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: USA, , \_\_\_\_\_

TELEPHONE #'S: H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SOCIAL SECURITY # (Required for reporting purposes only): \_\_\_\_\_ Employed: Y N

DOB: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**(FOR OFFICE USE ONLY - TO BE FILLED OUT BY INTELLECTUAL POINT)**  
**PROGRAM INFORMATION**

DATE OF ADMISSION: \_\_\_/\_\_\_/\_\_\_ PROGRAM/COURSE: \_\_\_\_\_  
MO. DAY YR.

PROGRAM START DATE: \_\_\_\_\_ ANTICIPATED END DATE: \_\_\_\_\_

FULL-TIME:  PART-TIME:  DAY  EVENING

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sat Sun

TIME OF DAY/EVENING CLASS BEGINS: \_\_\_\_\_ TIME OF DAY/EVENING CLASS ENDS: \_\_\_\_\_

NUMBER OF WEEKS: \_\_\_\_\_ TOTAL CREDIT/CLOCK HOURS \_\_\_\_\_  
(CIRCLE ONE)

**TUITION**

COURSE FEE: \$ \_\_\_\_\_

BOOKS/SUPPLIES: \$ \_\_\_\_\_

EXAM: \$ \_\_\_\_\_

MISC. EXPENSES: \$ \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_

**CANCELLATION REFUND POLICY:**

Rejection: An applicant rejected by Intellectual Point is entitled to a refund of all monies paid.

Three-Day Cancellation: An applicant who provides written notice of cancellation within three (3) business day, excluding weekends and holidays prior to commencement of class, of executing the enrollment agreement is entitled to a refund of all monies paid excluding the \$100 non-refundable registration fee.

Other Cancellations: An application requesting cancellation more than three (3) days after executing the enrollment agreement and making an initial payment, but prior to the first day of class is entitled to a refund of all monies paid, less a maximum tuition fee of 15% of the stated cost of the course or \$100, whichever is less.

**Withdrawal Procedure:**

- A. A student choosing to withdraw from the certificate program after the commencement of classes is to provide a written notice to the Director of the school. The notice must include the expected last date of attendance and be signed and dated by the student.
- B. If special circumstances arise, a student may request, in writing, a leave of absence, which should include the date the student anticipates the leave beginning and ending. The withdrawal date will be the date the student is scheduled to return to from the leave of absence but fails to do so.

Tuition refunds will be determined as follows:

Proportion of Total Program Taught by Withdrawal Date	Tuition Refund
Withdrawal before class beginning date	100%
Withdrawal after 10% of hours completed	90%
Withdrawal after 20% of hours completed	80%
Withdrawal after 30% of hours completed	70%
Withdrawal after 40% of hours completed	60%
Withdrawal after 50% of hours completed	50%
Withdrawal after 60% of hours completed	40%
Withdrawal after 70% of hours completed	30%
Withdrawal after 80% of hours completed	20%
Withdrawal after 90% of hours completed	10%
Withdrawal after 91% of hours completed	No Refund

**Veteran's Refund Policy:**

In the event that veterans or their eligible persons fails to enter the program, withdraw or discontinues the programmed enrolled into from any time prior to completion, the amount charged for tuition, fees and other charges shall not exceed the approximate prorated portion of the total charges for tuition, fees and other charges that the length of the non-accredited program bears to its total length. The prorated portion may not vary more than 10 percent of the total costs for tuition, fees and other charges. A copy of this policy is provided to all students receiving educational benefits from the Veterans Administration.

**NOTICE TO STUDENT:**

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument. Both sides of the contract is binding only when the agreement is accepted, signed, and dated by the authorized official of Intellectual Point or the admissions officer principal place of business. Read both sides before signing.
3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
4. This agreement and Intellectual Point catalog constitute the entire agreement between the student and Intellectual Point.



**NOTICE TO STUDENT (Continued):**

5. Although Intellectual Point will provide placement assistance, Intellectual Point does not guarantee job placement to students upon course or program completion.
6. Intellectual Point reserves the right to reschedule the course or program start date if the student enrollment is too low.
7. Intellectual Point reserves the right to terminate a student's training for unsatisfactory progress, nonpayment of tuition or failure to abide established standards of conduct.
8. Intellectual Point does not accept the transfer of credits to or from a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

**STUDENT ACKNOWLEDGMENTS:**

1. I hereby acknowledge receipt of the school's program information which contains information on the program that I am enrolled into. The program information is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.  
\_\_\_\_\_ Student Initials
2. I have carefully read and received an exact copy of this enrollment agreement.  
\_\_\_\_\_ Student Initials
3. While enrolled in the course or certificate program, I understand that I must maintain satisfactory academic progress as described in the syllabus and that my financial obligation to Intellectual Point must be paid in full before a certificate may be awarded.  
\_\_\_\_\_ Student Initials
4. I understand that Intellectual Point does not guarantee job placement to students upon program completion.  
\_\_\_\_\_ Student Initials
5. I understand that complaints, which cannot be resolved by direct negotiation with Intellectual Point in accordance to its written grievance policy, may be filed with the State Council of Higher Education for Virginia, 101 N. 14<sup>th</sup> Street, 9<sup>th</sup> Floor, James Monroe Building, Richmond, VA 23219. All student complaints must be submitted in writing.  
\_\_\_\_\_ Student Initials

**CONTRACT ACCEPTANCE**

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by Intellectual Point.

My signature below signifies that I have read and understand all aspects of this agreement and do recognized my legal responsibilities in regard to this contract.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



**Credit Card Payment Authorization Form / Truth in Lending Statement**

Sign and complete this form to authorize Intellectual Point to charge payments to your credit card listed below.

\_\_\_\_\_ By signing this form you give us permission to debit your account for the amount(s) indicated on or after the indicated date(s). This is permission for a single transaction or transactions complying with a payment plan preapproved by Intellectual Point.

\_\_\_\_\_ Please consult Intellectual Point with any payment concerns. Failure to comply with the payments listed below will result in an additional 10% late fee every for every 30 days your payment is late.

**Please complete the information below:**

I, \_\_\_\_\_, authorize Intellectual Point to charge  
(full name)  
 my credit card account indicated below for the following payment(s):

COURSE / PROGRAM		COURSE / PROGRAM DATES (MM/DD/YY - MM/DD/YY)		TOTAL AMOUNT DUE	
SPECIFY THE DATE AND AMOUNT FOR WHICH YOUR PAYMENTS WILL BE MADE.					
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
\$	\$	\$	\$	\$	\$
OTHER PAYMENT DETAILS: <small>(please note if any payments will be made by check or cash)</small>					

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form