



Cape Cod Massage Academy

3821 Falmouth Road, Suite 7, Marstons Mills, MA 02648
info@CapeCodMA.org www.CapeCodMA.org

Student Enrollment Agreement

Student Name: _____ **Address:** _____

Phone: _____ **Email:** _____

Program / Course Name: 650-Hour Massage Therapy Diploma Program

Admission Requirements:

- ☞ Submit this completed application for admission.
- ☞ Applicants must be 18 years of age by expected graduation date.
- ☞ Submit evidence of one of the following: a copy of a high school diploma or its equivalent (GED, HiSet, TASC).
- ☞ Higher education credentials earned, such as an AS, AA, BA, BS, MBA, or PhD may be accepted. College transcripts that clearly identify the high school attended and the graduation date may be accepted as proof of high school graduation.
- ☞ A prospective student must display a genuine desire to become a part of a learning atmosphere with the ability and aptitude to succeed in the classroom.
- ☞ Non-United States high school documents must be translated into English and equated to a US high school diploma by a certified translator and submitted to the Admissions Department for evaluation. Transcripts are subject to acceptance at the discretion of the Program Director.

Once classes begin, registrations will not be accepted.

Date Massage Therapy Program Begins: ___/___/___

Ends: ___/___/___

Tuition Fee:	\$8,000.00
Books:	\$ 200.00
Supplies:	\$ 30.00
Other Charges	\$ _____
Total Charges	\$ _____
Discounts	\$ _____
Adjusted Total Charges	\$ 8,230.00

Estimate of Additional Expenses to be incurred by Student. These funds are not collected by the school:

4 Sets of Sheets \$40.00	Student Insurance \$15.00
Massage Oil/Lotion \$60.00	Adjusted Professional Insurance \$150.00

Student’s Method of Payment

_____ Cash _____ Check (#) _____ Credit Card _____ School Payment Plan
 _____ Other: _____

Financial Aid Policy – Massachusetts Division of Professional Licensure – Private Occupational Schools – Per 230 CMR 15.04 (5) & (6)

- (5) After April 1, 2017, if a School allows a student to begin participation in a Program while an initial award for financial aid, including student loans, is pending, and the student subsequently is denied some or all of that student loan or financial aid amount, the School shall offer that student in writing an opportunity to terminate the enrollment agreement with a full refund of all Monies Paid, less actual reasonable administrative costs as defined under M.G.L. c. 255, § 13K.
- (6) In addition to the requirements of M.G.L. c. 255, § 13K, for programs beginning after April 1, 2017, prior to the completion of five school days or five percent of the Program, whichever occurs first, a School shall afford a student the opportunity to withdraw with a full refund of all Monies Paid, less:
 - a) actual reasonable administrative costs as defined under M.G.L. c. 255, § 13K; and
 - b) actual reasonable costs of non-reusable supplies or Equipment where a School reasonably provided the student with the supplies or Equipment, so long as the student receives the refund to which they are entitled under M.G.L. c. 255, § 13K. Provided, however, that this provision shall not apply to: 1. Programs not subject to division approval; and 2. Programs 80 hours or less in duration and \$2,000 in total cost.

Refund Policy (As per M.G.L. Chapter 255, Section 13K) A student who wishes to withdraw is encouraged to do so in writing to a school official. Students are also encouraged to attend an exit counseling session with the Program Director. Cape Cod Massage Academy will make all refunds within 30 days of the date of the student’s official or unofficial withdrawal/dismissal date. All refunds will be returned according to the Refund Policy outlined below:

REFUND LAW (AS PER M.G.L. CHAPTER 255, SECTION 13K):	DATE
1. You may terminate this agreement at any time.	N/A
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program. Refund Amount:	5th day after date both parties have signed the contract Date:
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7. Refund Amount:	Program start date Date:

4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount:	Last date of first quarter Date:
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount:	Last date of second quarter Date:
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount:	Last date of third quarter Date:
7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.	5th day after date both parties have signed the contract Date:
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.	N/A
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.	First day of fourth quarter Date:

Administrative Costs Equal: \$50.00 (Fifty Dollars)

I have been provided a copy of the school's catalogue and policies in a manner of my choosing and I am initialing my choice: Visit www.CapeCodMA.org
 Hard Copy USB Drive CD-Rom Via E-Mail

Student's Initials

- I understand this contract will not be in force and effect until signed by both myself and a school representative.
- I have received a copy of the school's complain procedures policy.
- I understand the refund policy as stated above.
- I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

This school is licensed by the Massachusetts Division of Professional Licensure's Office of Private Occupational School Education. Any comments, questions, or concerns about this school's license should be directed to occupational.schools@state.ma.us or 617-727-5811.

You have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program, or course, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative costs up to \$50 and actual

reasonable costs of non-reusable supplies or equipment.

You have the right to cancel this enrollment contract if a school allows you to begin participation in a Program while an initial award for financial aid, including student loans, is pending, and you are subsequently denied some or all of that student loan or financial aid amount, the School shall offer you, in writing, an opportunity to terminate the enrollment agreement with a full refund of all Monies Paid, less actual reasonable administrative costs as defined under M.G.L. c. 255, s. 13K

In the event Cape Cod Massage Academy sees fit to cancel classes for insufficient enrollment or reschedule to consolidate classes, you have the right to request a full refund, request enrollment in next available course or acceptable course for you.

Student's Signature: _____ Date: _____

Print Student's Name: _____

If the Student is under the age of 18,

Parent/Guardian: _____ Date: _____

Print Parent/Guardian's Name: _____

School Official's Signature: _____ Date: _____

Print School Official's Name: _____

I, the student, have received a completed and signed copy of this agreement on _____ (date) Student's Initials _____