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Email: info@yosan.edu

# Fall 2010
## REGISTRATION ENROLLMENT FORM

**Student Status:** ☐ **GRADUATING**** ☐ **Continuing** ☐ **New** ☐ **Special:** _____

****IF THIS IS YOUR FINAL TRIMESTER, please include GRADUATION APPLICATION**

**Financial Aid:** ☐ **Yes** ☐ **No** **International Student:** ☐ **Yes** ☐ **No**

**PLEASE MAKE MY CONTACT INFORMATION AVAILABLE TO OTHER STUDENTS** ☐ **Yes** ☐ **NO**

****PLEASE NOTE: If you have an outstanding balance with the University you cannot register until it is paid in full.****

| **First Name:** | **MI** | **Last Name:** | |
|---|---|---|---|
| **Address** ☐ *CHECK BOX if NEW* | | **City** | **Zip** |
| **Telephone Day** ☐ *NEW?* **( )** | **Telephone Evening** ☐ *NEW?* **( )** | **E-mail Address** ☐ *NEW?* | |

*See course listings for Prerequisites. Prerequisites can only be waived with an approved Override Petition.*

| Course Number | Course Title | MASTER UNITS | QI UNITS | HERB LAB HRS | OBSER HOURS | PRACT. INTERN | AUDIT UNITS | TUITION ($) |
|---|---|---|---|---|---|---|---|---|
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|---|---|---|---|---|---|---|---|---|
| TOTAL MASTER UNITS | $230/unit | | | | | | | |
| TOTAL QI UNITS | $230/unit | | | | | | | |
| TOTAL HERB LAB HRS*** | $60/15hrs | | | | | | | |
| TOTAL OBSERVATION HOURS (INCLUDING THEATER) | $360/30hrs | | | | | | | |
| TOTAL INTERNSHIP UNITS* | $360/unit ($720/shift) | | | | | | | |
| TOTAL AUDIT FEES | $90/Course (flat fee) | | | | | | | |

*** One Clinic Shift (One Block) = Two Internship Units = $720 'New Curriculum' Students use CL classification for Internship Registration**

| | | |
|---|---|---|
| TOTAL TUITION *(from all totals above)* | | |
| REGISTRATION FEE *(non-refundable)* | Continuing Students: **$50** ( New Students: **$100**) | **$50** |
| LATE REGISTRATION FEE *(non-refundable)* | (Deadline for Cont. Students: Monday, December 7, 2009) **$50** | |
| STUDENT ASSOCIATION FEE *(non-refundable)* | All Students in the Masters Program: **$10** | **$ 10** |
| CLINIC INSURANCE FEE *(non-refundable)* | Required for students taking Practice Internship: **$130** | |
| GRADUATION FEE *(must include application)* | Due at beginning of final trimester: **$225** | |
| TOTAL TUITION AND FEES DUE | Tuition and Fees Sub-Total + Clinic Insurance Fee | |

****STUDENTS MAY NOT REGISTER FOR LESS THAN 8 UNITS** *(Excluding Lab Hours)*****

*****International students must register for a minimum of 12 units for U.S. Immigration Visa compliance.**

***(Please complete and sign other side>>>>>>)***

**PAYMENT AGREEMENT (Choose One)**

☐ **FULL PAYMENT:** Check #: _____ Receipt #: _____ Amount $: _____ Date: _____
DEADLINE: **Friday, September 3, 2010** *(*Credit Card Usage Fee of **$25** per transaction, $2000 maximum)*

☐ **FINANCIAL AID**

☐ **INSTALLMENT PLAN:** $1500 minimum to be eligible - Payment Amounts $_____(divide total by 3)
**DEADLINES:** Payment 1: **Friday, September 3, 2010***
Payment 2: **Wednesday, October 6, 2010***
Payment 3: **Friday, November 5, 2010***

The installment tuition payment plan is available to all students with a financial obligation of $1500 or more. Under this plan, students pay tuition expenses in three (3) equal monthly installments. There is no interest or service charge.

***YSU DOES NOT SEND REMINDER NOTICES FOR PAYMENT***

***There is a $50 fee for the first missed deadline. There is an additional $100 fee for the second missed deadline. There is a $200 fee ($350 total) for the third missed deadline. By signing this form you accept responsibility for these fees when the payment schedule is not met. Grades and/or transcripts are not issued to accounts that are in arrears.**

**REGISTRATION POLICIES AND PROCEDURES**

| STUDENTS | PROCEDURE | DEADLINE |
|---|---|---|
| CONTINUING | Continuing students can register in person or by mail. | **Mon., August 9, 2010*** |
| NEW | New students may register in person or by mail with this completed form. | **Wed., August 25, 2010** |

**NO FAXES PLEASE!** **FAXES WILL BE RETURNED TO SENDER** ***Late Registration Fee: $50**

**ADD\ DROP POLICIES AND DEADLINES**

| COURSE LENGTH | ADD DEADLINE | DROP DEADLINE |
|---|---|---|
| 15 Weeks | Before 3rd Class | Before 7th Class |
| 8 Weeks | Before 2nd Class | Before 3rd Class |

****** Classes dropped **before** the above deadlines are a Withdrawal (W). Classes dropped **after** the above deadlines are a Withdrawal/Failure (WF). Unattended classes that are not officially dropped are an automatic Failure (F). Any class dropped prior to the second week of school will show a 'WX' on the transcript. 'WX' has no academic or financial penalty.

**ATTENDANCE AND REFUND POLICY**

**ATTENDANCE:** Unless otherwise specified by the instructor, students are allowed a maximum of four (4) absences for a 15 week course and two (2) for an 8 week course. Any more than four (4) or two (2) respectively, will result in automatic failure in the class.
**REFUND POLICY:** All students are entitled to a full tuition refund if the registration agreement is canceled before the first day of the trimester. Registration fees are non-refundable. Students may receive a pro-rated refund for the unused portion of the tuition (excluding fees). **Withdrawals must be submitted by Monday @ 8:30am to receive a pro-rated refund for the upcoming week.** Example: A student paying $1840 in tuition (8 units x $230/unit) who withdraws from all courses after 4 weeks with 11 weeks remaining would receive a refund of $1349.33 **Once a class has met for 60% of its total hours, no tuition refunds will be given** (in accordance with California regulations). Cancellation will occur when the student gives written notice of cancellation to the School by mail, by hand, or by email (info@yosan.edu). Forms are available in the Administrative Office. The written notice of cancellation, if sent by mail, is recorded as of the date of the postmark if properly addressed with postage prepaid. The return of federal funds will be administered in accordance with the United States Department of Education regulations. **A copy of this document will be retained in the student files.**

*You have been given:*

*(a) a written statement of the refund policy, including examples*
*(b) a catalog including a description of the courses or educational services, including all material facts concerning the school and the program or the course of instruction that are likely to affect your decision to enroll*
*(c) a curriculum acknowledgement and release agreement to read, review and sign prior to or at the time of execution of this agreement*
*(d) a tour of the university facilities at some point prior to initial enrollment*

*Your signature on this agreement acknowledges that you have been given reasonable time to read and understand these materials and that you accept the terms and conditions included therein. This agreement will become part of your permanent academic record and you will be given an exact copy. This agreement is for educational services leading to the degree of Master of Acupuncture and Traditional Chinese Medicine. A total of 3375 hours are required to complete the program. Start date: _____ Scheduled completion date: _____*

**In consideration of the mutual agreements established in this document, my signature below signifies that I have read, understood, and agreed to my rights and responsibilities, and that the University's cancellation and refund policies have been clearly explained to me. I understand that my enrollment and YSU's obligations under this Agreement (except the cancellation and refund policies) may be terminated by YSU if I fail to comply with YSU's attendance, conduct, academic and/or financial requirements.**

X _____ _____

**STUDENT SIGNATURE** **DATE** **ACADEMIC COUNSELOR** **DATE**

***Office Use Only:***

**Registrar/DSA: _____ Date: _____** ***Data Entry:*** ☐ ***Registration in Champlain*** ☐ ***Accounting***