13315 W. Washington Boulevard, Los Angeles, CA 90066 Tel: 310-577-3000, ext. 21
Email: info@yosan.edu

Spring 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 ($)

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, January 8, 2010** *(*Credit Card Usage Fee of **$25** per transaction)*

☐ **FINANCIAL AID**

☐ **INSTALLMENT PLAN:** $1500 minimum to be eligible - Payment Amounts $_____(divide total by 3)
DEADLINES: Payment 1: **Friday, January 8, 2010***
Payment 2: **Friday, February 6, 2010***
Payment 3: **Friday, March 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.**

REGISTRATION POLICIES AND PROCEDURES

STUDENTS	PROCEDURE	DEADLINE
CONTINUING	Continuing students can register in person or by mail.	**Mon., December 7, 2009***
NEW	New students may register in person or by mail with this completed form.	**Wed., Dec 30, 2009**

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 of the class week 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***