

ENROLLMENT AGREEMENT

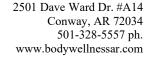
I,		, residing at			
Last	First	N	1	Street	
			do hereby on this	day of	,
City	State	Zip			
	n the Therapeutic Maduding application fee).	ssage course	e at Body Wellness Massa	age Academy, LI	.C., for a tota
\$6,00	00.00 - <u>500 Hour Pro</u>	ogram	\$7,800.0	0 <u>650 Hour Pro</u>)gram
	\$6,000.00	— <u>2000 Но</u>	ur Apprenticeship Prog	<u>ram</u>	
the classroom, exit o sheets, towels, MBL	exam fees, ABMP Memb EX testing fees, state bo	bership and o pard testing f	ng of textbooks, oils, lotions nline CPR I understand the ees, Arkansas licensing fees al cost or are to be provided	hat basic school su and requirements,	pplies,
Start Date:			Graduation Date:		
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Tuition must be paid in full one week prior to the first day of class or in monthly installments as arranged with the Financial Officer.

I understand that refunds will be calculated in accordance with the refund policy of Body Wellness, Massage Academy LLC. If tuition has been paid in full, a refund will be made directly to the student within 30 days after written withdrawal or dismissal.

I understand that I can be dismissed from the program of study for any of the following.

- 1. Incorrect or misleading information presented to the Academy.
- 2. Unlawful possession, use, or distributions of illicit drugs and or alcohol on the premises, or in connection with any school event.
- 3. Unexcused absences or tardiness.
- 4. Unprofessional dresses, hygiene, or conduct.
- 5. Promoting the practice of massage in an unprofessional manner.
- 6. Failure to pay tuition in a timely manner.
- 7. Behavior that may cause harm to the reputation of the Academy.
- 8. The practice of or the attempt to practice massage therapy outside of the school program while a





student of the Academy.

- 9. Failure to maintain a satisfactory academic standard.
- 10. Failure to comply with Policy and Procedures of the Academy.

I understand that after I have satisfactorily completed the course of study, demonstrated proficiency in the practice of massage therapy, passed all final examinations, paid tuition and fees in full, and otherwise complied with all the rules and regulation of the Academy, I will receive a diploma and transcript certifying my completion of the program and will be eligible to sit for the MBLEX and Arkansas license.

I also understand that the Arkansas Department of Health governs massage therapy. Any course taught in this program is for completion of licensure and are not intended to indicate scope of practice in Arkansas. I also understand that a space in a class is not guaranteed until financial arrangements for payment of the course are made.

(Notice to applicant: Do not sign this agreement before you have read it in its entirety. You are entitled to an exact copy of this contract.)

I understand that this agreement becomes a binding contract with my signature, its acceptance, and subsequent signature of the Academy Director or Instructor.

Signature of Applicant	Date
Signature of Academy Director/Instructor	Date