National Aesthetic Laser Institute, 8485 Bluebonnet Blvd, Suite 200 Baton Rouge, Louisiana 70810

Name:_____ Date:_____

Street Address:_____

Date of Birth:_____ Phone#:_____High School Completion Y / N

Name of Course:_____

In consideration of my acceptance as a student for the _____program as of the above date, I hereby enroll and obligate myself to pay to the National Aesthetic Laser Institute, Inc., $_____ (_____DOLLARS), to be paid as follows: $_____ upon the signing of this enrollment agreement and the balance of $_____ to be paid as follows:_____.

Three Business Day Cancellations: All monies paid by a student shall be refunded if requested within three business days after signing enrollment agreement and making an initial payment.

Cancellation After Three Business Days, But Before Commencement of Classes: If tuition or fees are collected in advance of entrance, and if the student does not begin classes, all tuition less a $150 registration fee, shall be refunded. All refunds due student shall be made within 30 days of the start of the class.

Withdrawal After Commencement of Classes:

1. After a student has completed less than 15% of the program, we shall refund 80% of the tuition, less a $150 registration fee, thereafter;
2. After a student has completed less than 25% of the program, we shall refund 70% of the tuition, less a $150 registration fee, thereafter;
3. After a student has completed 25%, but less than 50% of the program, we shall refund 45% of the tuition, less a $150 registration fee, thereafter;
4. After a student has completed 50% of the program or more, we may retain 100% of the tuition.

I certify that I have received a copy of the school catalog which contains: program outline, schedule of tuition & fees, the refund policy, regulations pertaining to the rules of operation and conduct, grading policy, as well as general information. I further certify that I have received and read a copy of this Enrollment Agreement and understand it is subject to representation only as expressed herein. I agree to comply with these policies during my period of enrollment in

_____.

Charges:

Registration Fee $150.00 Commencement of Classes Date:_____

Tuition: $_____

Eyewear Deposit:_____

Student Signature:_____ Date:_____

Solicitor Signature:_____ Date:_____

School Administration:_____ Date:_____

Student complaints relative to actions of school officials shall be addressed to the Louisiana Board of Regents, Proprietary Schools Section, PO Box 3677, Baton Rouge, LA 70821-3677, Phone (225)342-7084, only after the student has unsuccessfully attempted to resolve the matter with the school, and after having first filed a written and signed complaint with the school's officials.