

**Academia School of Nursing**  
3191 West Broad Street, Columbus, OH 43204  
Phone: (614) 279-4900; FAX: (614) 888-4424

**Enrollment Agreement**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Please **PRINT**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am here by enrolling in the following academic program and my enrollment is subject to the terms and conditions stated in this Enrollment Agreement.

**Program Name:** STNA PROGRAM **Start Date:** \_\_\_\_\_

**Program length:** 2-Weeks Full-time and 4-Weeks Part-time.

**Tuition and Fees for Current Term\*:**

Registration Fee.....\$0  
Book Fees.....\$0  
Laboratory Fees.....\$0  
Tuition.....\$299  
Total Cost.....\$299

*(Cost Includes Uniform and Books) - An Optional Payment Tuition (OPT) Plan.*

**Total projected cost of program at current tuition and fee rates: \$299.00**

\*Tuition and fee charges are subject to change at the School's discretion. Any tuition or fee increases will become effective for the academic term following student notification of the increase.

**Cancellation and Settlement policy**

This enrollment agreement may be canceled within five (5) calendar days after the date of signing provided that the School is notified of the cancellation in writing. If such cancellation is made, the School will promptly refund in full all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty (30) days after cancellation. This provision shall not apply if the student has already started academic classes.

**Refund Policy**

If a student is not accepted into the training program, all program costs paid by the student shall be refunded. Refunds for books, supplies, and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1.

Refunds for tuition and refundable fees shall be made in accordance with the following provisions as established by Ohio Administrative Code section 3332-1-10: 1.

A student who withdraws before the first class shall be obligated for the registration fee.

The school shall make the appropriate refund within thirty (30) days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of the student's attendance or participation in an academic school activity

### **Complaint or Grievance Procedure**

Academia School of Nursing strives to provide a supportive environment and respects the rights of all students. It is the School's practice to fairly and objectively address the concerns of any complainant in an attempt to equitably resolve his/her grievance. To fairly and expeditiously handle academic grievances and/or grade appeals, the following procedure shall be followed:

- A student lodging a complaint regarding an academic matter is required to state the complaint to the responsible faculty member first.
- If the matter is not resolved, the student is to speak with the immediate supervisor of the individual against whom the complaint is being made.
- A written complaint is preferred but not required.
- If the matter is not resolved to the student's satisfaction, s/he may pursue the grievance up to the level of the School's Chief Executive Director.
- A student has five (5) week days within which to make the complaint; the institution has five (5) week days within which to attempt to resolve the matter.

If the complaint is not resolved at the Chief Executive Director level or if the complaint is against the Chief Executive Director, the student may file a formal written complaint with the following

Executive Director  
State Board of Career Colleges and Schools  
30 East Broad Street, Suite 2481  
Columbus, Ohio, 43215

Phone 614-466-2752  
Toll free 877-275-4219

I acknowledge that I have received a copy of the *School Catalog/Student Handbook* and agree with the School's policies and procedures stated therein. I acknowledge that I have received and read a copy of this Enrollment Agreement.

Applicant's *Signature*: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian *Signature*: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicant is a minor)

School Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# State of Ohio Student Disclosure Form

## Academia School of Nursing

This School is registered with and approved by the  
State Board of Career Colleges and Schools

**1. Enrollment Agreement & Catalog:**

I have read and received a copy of the enrollment agreement and received a copy of Academia School of Nursing Catalog/Student Handbook. I understand that the terms and conditions of the Enrollment Agreement are not subject to amendment or modification by oral agreements. All changes must be in writing and signed by both parties.

\_\_\_\_\_ Student's Initials

**2. School's Outcomes:**

I have been informed of the School's placement and graduation rates for each of the preceding three years as well as the most recent State of Ohio licensure test results, if applicable, for the program I am entering.

\_\_\_\_\_ Student's Initials

**3. Employment:**

I understand that upon successful completion of my training program, this school will provide placement assistance. However, I understand that the School does not guarantee any graduate a job. I have not been guaranteed employment or been guaranteed to earn a specific salary range upon graduation.

\_\_\_\_\_ Student's Initials

**4. Transferability of Credits:**

I understand that the transferability of credits to another academic institution is determined exclusively by the receiving institution. No person can imply or guarantee that my credits will be transferable.

\_\_\_\_\_ Student's Initials

**5. Grievance Procedure:**

I understand the grievance procedure listed on the Enrollment Agreement and my right to contact the State Board at the address and phone number listed below.

**Executive Director  
State Board of Career Colleges and Schools  
30 East Broad Street, Suite 2481  
Columbus, Ohio, 43215  
Phone 614-466-2752  
Toll free 877-275-4219  
E-mail: [bpsr@scr.state.oh.us](mailto:bpsr@scr.state.oh.us)  
Website: <http://scr.ohio.gov>**

\_\_\_\_\_ Student's Initials

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** The student must receive a copy of this form and a copy must be kept in student's file.