



Enrollment Agreement
A Competency Development Program for Coach Certification:
Skills for High-Impact Coaching
2018-2019

STUDENT NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROGRAM NAME: A Competency Development Program for Coach Certification: Skills for High-Impact Coaching (an ICF Accredited Coach Training Program (ACTP))

ENTRANCE REQUIREMENTS: There are no prerequisites for this program. An application that contains a 200-word statement of intent is required to apply. Participants must be at least 18 years of age at the start of the program.

TOTAL PROGRAM HOURS: 138

PERIOD BEYOND WHICH LATE REGISTRATION WILL NOT BE ACCEPTED: Once the program begins.

Program begins: October 25, 2018

Program ends: April 15, 2019

Session One:	10/25/18 – 10/29/18
Session Two:	1/24/19 – 1/28/19
Session Three:	4/11/19 – 4/15/19

TUITION FEE:	\$ <u>12,500</u>
OTHER CHARGES:	\$ _____
TOTAL CHARGES:	\$ _____
DISCOUNTS:	\$ _____
ADJUSTED TOTAL CHARGES:	\$ _____

ESTIMATE OF ADDITIONAL EXPENSES TO BE INCURRED BY STUDENT:

Books for Required Reading:	\$283 (new)
ICF Coach Knowledge Assessment:	\$100 ICF member/\$300 Non-member (for optional ICF credential)
ICF Membership:	\$245 (optional)
Telephone expense for group calls	Amt. dependent on mode and telephone plan
Travel & Lodging Expense	Amt. dependent on participant residence, travel distance, and lodging choice

STUDENT'S METHOD OF PAYMENT:

<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD
<input type="checkbox"/> CHECK	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> SCHOOL PAYMENT PLAN	

REFUND POLICY (AS PER M.G.L.CHAPTER 255, SECTION 13K)

1. You may terminate this agreement at any time.
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least 75 percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least 50 percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least 25 percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
7. If you terminate this agreement after the initial five-day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or 5 percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

Administrative Costs Equal: \$50

I have been provided a copy of the school's catalogue (CDPCC program brochure) and policies in a manner of my choosing and I am initialing my choice:

hard copy send via email

I will download the catalogue and policies from school's website, www.gisc.org.

Student's Initials

_____ I understand this contract will not be in force and effect until signed by both myself and a school representative.

_____ I have received a copy of the school's complaint procedures policy.

_____ I understand the refund policy as stated above.

_____ I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

This school is licensed by the Massachusetts Division of Professional Licensure's Office of Private Occupational School Education. Any comments, questions or concerns about this school's license should be directed to occupational.schools@state.ma.us or 617-727-5811.

STUDENT'S SIGNATURE: _____ DATE: _____

PRINT STUDENT'S NAME: _____

SCHOOL OFFICIAL'S SIGNATURE: _____ DATE: _____

PRINT SCHOOL OFFICIAL'S NAME: _____

I, the student, have received a completed and signed copy of this agreement on date: _____

GISC • P.O. Box 515, 1035 Cemetery Road • South Wellfleet, MA 02663-0515 U.S.A.

Web: www.gisc.org • Tel: 508-349-7900 • eMail: office@gisc.org

_____ (student's initials)