

APPLICATION AGREEMENT

Demographic Information

Application for Admission and enrollment agreement for the World Trichology Society's Fundamentals in Trichology course.

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| Name (first, last): | | | |
| Home Telephone: | | | |
| Cell Phone: | | | |
| Fax Number (if applicable): | | | |
| Email Address: | | | |
| Mailing Address: | | | |
| What is your primary (native) language? | | | |
| Program Information | | | |
| Intended course: Fundamentals in Trichology | | | |
| Clock Hours: 108 (100 coursework, 8 clinical) | | | |
| Maximum Timeframe for completion: 6 months, at least one section per month | | | |
| Upon successful completion, students will earn a Certificate of Completion from the World Trichology Society. | | | |
| The Fundamentals in Trichology course is offered in English. If you intend to enroll in the course and your primary language is not English, please affirm that you have at least a high school graduate proficiency in English. | | | |
| (Required if applicant's primary language differs from the selected language of instruction). | | | |
| By providing my initials, I affirm that I have at least a high school graduate proficiency in English. | | | |



Prior Education Information

Applicants are required to have completed high school or a recognized equivalent such as a GED. Please complete the following self-certification of high school completion.

| Secondary Education Completion: | |
|---|---|
| If high school completion, provide: | |
| School name: | |
| City: State: | |
| Year of Graduation: | |
| If available, email a copy of high school diploma or transcript with this Application Agreement. | n |
| If GED or equivalent test, provide: | |
| Testing Service or Center Name: | |
| City: State: | |
| Year of completion: | |
| If available, email or mail a copy of GED score report. education@worldtrichologysociety.org: 12724 Gran Bay Parkway West, Suite 410 Jacksonville, FL 32258, USA | |
| By providing my initials, I certify that I successfully completed high school or equivalent and that the information I provided above is true and accurate. I understand that information will be subject to review and that providing intentionally false information car grounds for dismissal from the World Trichology Society. | |
| Post-secondary Educational History (if applicable): List any degrees or certificates earned including program title, year completed, and the institution full name: | |
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| | |



Tuition and Payment Information

| Trichology Certification course | |
|---------------------------------|---------|
| Course Component | Cost |
| Part A | \$500 |
| Part B | \$500 |
| Part C | \$850 |
| Course Total | \$1,850 |

Students are not charged any additional fees. There are no textbook requirements for any World Trichology Society continuing education courses. A list of optional supplementary study materials will be provided however, their purchase is not required for the course. Approximate cost for optional textbooks is \$100.

Terms of Payment Terms

Students are required to pay for the entire course component during initial enrollment. Payment is made through PayPal, our secure online service. To make payments, please go to: https://worldtrichologysociety.org/trichology-courses/associate-trichology-diploma/

Withdrawal Policy

Students must notify the institution in writing via email (education@worldtrichologysociety.org) if they intend to withdraw from the course. They may withdraw at any time. Students who cancel their enrollment within three days of signing their enrollment agreement are entitled to a full refund of all monies paid. Students who withdraw after they have begun their enrollment are subject to the refund policy below, based on their date of withdrawal. The date of withdrawal is the date that the student notifies the institution of their intent to withdraw. Refunds are calculated based on a prorated basis as stated below.

By providing my initials, I certify that I read and understand the tuition and terms of payment information as well as the withdrawal policy stated above.



Refund Policy

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

- 1. Cancellation must be made by electronic mail, telephone, or by termination.
- 2. All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the enrollment agreement and making initial payment.
- 3. Cancellation after the third (3rd) Business Day, but before the first class, results in a refund of all monies paid.
- 4. Cancellation after attendance has begun, but prior to at least 25% completion of the program, will result in a Pro Rata refund computed on the number of clock hours completed to the total program clock hours.
- 5. Cancellation after completing at least 25% of the program will result in no refund.
- 6. Termination Date: In calculating the refund due to a student, the last date of attendance* by the student is used in the calculation unless earlier written notice is received.
- 7. Refunds will be made within 30 days of termination of students' enrollment or receipt of Cancellation Notice from student.

*Last day of attendance or termination (date of withdrawal) is the date that the student notifies the institution of their intent to withdraw or the date the instructor observes that the student is no longer participating in the course.

Employment Disclaimer: World Trichology Society does not provide placement services and does not promise or imply any specific employment opportunities as a result of completing the Fundamentals of Trichology course. Upon graduation and active Society membership, students' names and contact information is added to our 'find a Trichologist' website.

By providing my initials, I certify that I read and understand the refund policy and Employment Disclaimer stated above.



By signing my name below, I attest that I have read and understand the World Trichology Society Academic Catalog; that I have read, understand, and agree to adhere to the information contained in this Application Agreement, and that the information I provided is truthful and accurate to the best of my knowledge.

Student Signature

Please email a completed copy to education@worldtrichologysociety.org.

WTS Representative Signature

Date

A completed copy of this Application Agreement will be provided to the applicant within 14 days of acceptance.