



# APPLICATION AGREEMENT

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

## Demographic Information

Name (first, last): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number (if applicable): \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

What is your primary (native) language? \_\_\_\_\_

## Course Information

Intended course: Trichology Certification

Clock Hours: 580 (540 coursework, 40 clinical)

Maximum Timeframe for completion: 24 months, at least one chapter per month

Upon successful completion, students will earn a Certificate of Trichology Certification from the World Trichology Society.

The Trichology Certification course is offered in English. If you intend to enroll in a course in a different language from your primary language, please affirm that you have at least a high school graduate proficiency in the selected language.

Intended language of instruction: \_\_\_\_\_

(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 the language selected above.



### **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.

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:

World Trichology Society  
12724 Gran Bay Parkway West, Suite 410  
Jacksonville, FL 32258, USA  
T: 718-974-4242

\_\_\_\_\_ 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 this information will be subject to review and that providing intentionally false information can be 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
<i>Tuition</i>	\$5,500
Academic Learning with Videos (28 chapters x \$150)	\$4,200
Clinical Training and Final Examinations	\$1,300
<b>Course Total</b>	<b>\$5,500</b>

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. Students who attend clinical training in person assume the entire cost of their travel, hotel, food, and other travel incidentals.

### Terms of Payment Terms

Students can pay for the course in chapter installments, or they can pay in full. Students who pay by chapter are required to pay for each chapter in \$150 installments. They are also required to pay a \$500 deposit for Clinical Training at least one month prior to the scheduled Clinical Training start date (non-refundable). Students are required to pay the full amount remaining due for Clinical Training at least 14 days prior to scheduled start date. **Students who pay for the entire course during initial enrollment receive a two-year membership to the World Trichology Society after graduation (worth \$420.00).**

### Withdrawal Policy

Students must notify the institution in writing via email ([education@worldtrichologysociety.org](mailto: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 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 40% 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 40% 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 Trichology Certificate for Medical Professionals 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

\_\_\_\_\_

Date

Please email a completed copy to [education@worldtrichologysociety.org](mailto: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.