



1764 N. Congress Avenue
 West Palm Beach, FL 33409
 561 586-0121 Office
 561 471-4010 Fax
 www.hci.edu

Student Enrollment Agreement

ASSOCIATE OF SCIENCE IN FIRE SCIENCE

This Student Enrollment Agreement (Enrollment Agreement) and Program Application (Application) contained in this packet constitutes a binding contract between the Student and Health Career Institute (HCI or the School) upon completion and acceptance.

READ THIS AGREEMENT CAREFULLY AS THIS IS A BINDING CONTRACT

Name: _____

Address: _____
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Telephone: (Home) _____ (Business or Cellular): _____

Social Security Number: _____ DOB: _____

Gender: Male / Female E-Mail Address: _____

PROGRAM DESCRIPTION:

Health Career Institute (HCI or the School), located at 1764 N. Congress Avenue, West Palm Beach, Florida 33409, Office: 561-586-0121, Fax: 561 471-4010, Website: www.hci.edu. Associate of Science Degree in Fire Science Program is committed to providing the highest quality education for students seeking an Associate of Science Degree in the Fire Science's field. The Fire Science Program is designed to provide educational and clinical experiences leading to career advancement and increased employment opportunities in the field of Fire Sciences.

The Associates of Science Degree Fire Science prepares individuals who are seeking career advancement and increased employment opportunities. The combination of the Fire Science curriculum and the general education courses offered by Health Career Institute will enable the student to obtain an Associate of Science Degree in Fire Science.

Upon satisfactory completion of the requirements for graduation, the student is awarded an Associate of Science degree.

PROGRAM LENGTH AND ACCREDITATION:

60 College credits: approximately 1,112 hours, 4 semesters, 24 months

This program is approved by the Florida Fire College. Health Career Institute is accredited by the Accrediting Commission of Career Schools and Colleges, 2101 Wilson Boulevard, Suite 302, Arlington, Virginia 22201. (703) 247-4212 (www.accsc.org).

ENROLLMENT DIRECTIONS:

1. After receiving and reviewing the school catalog, submit a completed Application provided in this packet with a \$150.00 application fee. The application should be submitted separately prior to submitting the Enrollment Agreement.
2. After reading and understanding the Enrollment Agreement, sign and submit it in person with applicable fees and required documents as listed below in the admissions checklist.

****** All fees and documents are required to be submitted before attending class. ******

PROGRAM SCHEDULE:

Clinical Rotations: Include a combination of medical facility and fire rescue field experience. The Student will receive further details of this schedule at the mandatory orientation which occurs approximately one week before classes begin.

All shadowed areas need to be filled in or circled.

Approximate Length of Program:
104 Weeks (24 months)

Start Date: ___/___/___

Anticipated End Date: ___/___/___

Associate of Science in Fire Science (60 Credit Hours)

Semester I, II and III Classes \$266.00 per credit hour: 15 Credits Per Semester (45 Credits Total)
Semester IV General Education Classes \$266.00 per credit hour: 15 Credits Total

Tuition: \$15,960.00
Total Program Cost: \$15,960.00

Included in Tuition:

- General Education E-books
- Fire Science E-books
- Liability Insurance

General Education Courses: Credits \$ 266.00 Per Credit
Online Courses.....15 Credits / 225 Hours

General Education Courses:

Semester IV Tuition & Fees

ENC 1101	English Composition I	3 Credits	\$ 798.00
SPC 2608	Speech or ENC1102 English II	3 Credits	\$ 798.00
MGF 1106	Liberal Arts Mathematics	3 Credits	\$ 798.00
PSY 2010	General Psychology	3 Credits	\$ 798.00
AMH 2010	History of the USA: A Survey to 1877	3 Credits	\$ 798.00
Total Semester IV		15 Credits	\$ 3,990.00

***Note: Online General Education costs include Pearson Education online access fee and E-books.**

Admission Requirement Checklist for the Fire Science Program:

- Be 18 years of age prior to the start of classes
- Provide a valid Driver’s License or government issued photo ID
- Provide proof of High School graduation (Diploma) or successful completion of the General Education Development test (GED) or recognized equivalents of a high school diploma or provide verification of graduation of an Associate degree or higher from an accredited college or university. Acceptance of any of the documents listed above is at the sole discretion of the School.
- Meet the technical requirements as per Health Career Institute’s admission Enrollment Agreement.

METHOD OF PAYMENT:

Option 1: Payment may be made by credit card.

HCI accepts VISA, MasterCard, Discover and American Express.

Option 2: Payment may be made by check. No cash is accepted.

There is a \$36 fee for checks returned for any reason.

Option 3: HCI participates in Florida Prepaid College Fund (www.myfloridaprepaid.com), Bright Futures

(<http://www.floridastudentfinancialaid.org/ssfad/bf/>) and VA Benefits (<http://www.benefits.va.gov/gibill/>).

Note: Program benefits may vary depending on individual eligibility.

The Application Form in this packet plus the application fee must be submitted prior to submitting the Enrollment Agreement. All required documents must be submitted before attending orientation. Tuition and related fees are due in full according to your payment schedule agreed upon at the time of registration and acceptance of the Enrollment Agreement.

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED <i>The dollar amount the credit provided to you or on your behalf.</i>	TOTAL OF PAYMENT <i>The amount you will have paid after you have made all payments as scheduled.</i>	TOTAL SALES PRICE <i>The total cost of your purchase on credit including your down payment</i>
	\$	\$	\$	\$
YOUR PAYMENT SCHEDULE WILL BE:				
NUMBER OF PAYMENTS	AMOUNT OF EACH PAYMENT	WHEN PAYMENTS ARE DUE		
	\$	Beginning on ___ / ___ / ___ and on the same day each (check one) ___ month or ___ bi-weekly thereafter		

Refund Policy:

Cancellation Refund Policy

A Student wishing to cancel an enrollment or withdraw may complete a Withdrawal/Cancellation Form. This form is available at www.HCI.edu or from the Registrar located in Suite 205.

Health Career Institute will refund monies paid by students in the following manner:

- All monies will be refunded if the applicant is not accepted by the School or if the Student cancels within three (3) business days after signing the Enrollment Agreement and making payment.
- Cancellation after the third (3rd) business day, but before the first day of class, will result in a refund of all monies paid with the exception of the non-refundable Application Fee.
- Any textbooks, scrub, or equipment that were issued must be returned to the school unused to receive the refund for those items.
- Refunds will be made within 30 calendar days of date of the cancellation with proper submission of a Withdrawal/Cancellation Form by the student. Written notification may be submitted by email at

- tandrews@hci.edu, faxed to (561) 471-4010, or in person to the Business Office Manager
- Refunds will be made within 30 calendar days of the first day of class if no written notification is provided by the student and the student has withdrawn according to the following Withdrawal Procedures.

Withdrawal Procedures

1. Notice of withdrawal should be made in person by submitting a Withdrawal Form to the Registrar, and the date of determination will be the Withdrawal Date the student submits the Withdrawal Form. The Withdrawal Form and procedure may be obtained from HCI's Registrar in Suite 205 or on HCI's website: www.hci.edu.
2. If a student is withdrawn by the school for absenteeism based on the attendance policy, the student's last date of attendance will be the Withdrawal Date. The date of determination will be no later than 14 days after the student's last date of attendance.
3. If a student is withdrawn by the school for failure to maintain required grades or passing rate, the date of determination will be no later than 14 days after the student's last date of attendance, which will be the same day as the last failed exam or make-up exam.
4. I understand and agree that the school may change locations during the course of my enrollment. Further, I understand that should I decide to discontinue my enrollment on or after the date of that relocation, that my refunds (if any) will be calculated using the policy outlined in this Enrollment Agreement.

Institutional Refund Policy

Health Career Institute will refund tuition paid by a Student in the following manner:

- Students who withdraw during the 14 day add/drop period will receive a 100% refund of all monies paid for tuition, fees and supplies (excluding the \$150 Nonrefundable Application Fee. Students who attend beyond the 14 day add/drop period will be responsible for 100% of the tuition and fee charges for the period of enrollment (semester).
- The Withdrawal Date for refund computation will be one of the following:
 - The date Withdrawal/Cancellation Form signed by Student.
 - The date of withdrawal for unsatisfactory progress.
 - The date of withdrawal for excessive absences will be the last date of attendance.

Refunds for Courses Cancelled:

All monies will be refunded within 30 days of the schedule start date in the event that HCI cancels the course.

A student can be dismissed at the discretion of the Vice President of Academic Affairs and/or Campus President for unsatisfactory progress, non-payment of tuition and fees, or failure to comply with rules and regulations.

Student must read and initial each of the following sections (I – IV).

I. GROUNDS FOR CANCELLATION, TERMINATION, or WITHDRAWAL

I agree to comply with the rules and policies and understand that the School shall have the right to terminate this Enrollment Agreement and my enrollment at any time for violation of rules and policies as outlined in the catalog. I understand that the School reserves the right to modify the rules and policies as outlined in the catalog with or without notification.

Initial

II. GRADUATION REQUIREMENTS

I understand that in order to graduate from the program and to receive a certificate of completion, diploma or degree I must successfully complete the required number of scheduled clock hours as specified in the catalog and on the Enrollment Agreement, pass **all** written and practical examinations and satisfy all financial obligations

to the School.

Initial _____

III. EMPLOYMENT ASSISTANCE

I understand that the School has not made and will not make any guarantees of employment or salary upon my graduation. The School will provide me with placement assistance, which will consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities. I authorize Health Career Institute's representatives to contact potential employers for the purpose of advocating on my behalf and may release my name and application materials, including, but not limited to, my cover letter, resume, and transcript to prospective employers. I authorize Health Career Institute and its third-party vendors to contact my employer to verify pertinent employment information for my graduate record.

Initial _____

IV. ACKNOWLEDGEMENT

This Enrollment Agreement contains the entire agreement between Health Career Institute and me, and no further modification or representation will be recognized. The student understands that there is no financial aid available, is responsible for payments due prior to class starting per policy and any installment contract scheduled payments until paid in full. The student also acknowledges that they have received a receipt of payment as well as been given a copy of this completed Student Enrollment Agreement as executed for the Student's records. The student further acknowledges that a copy of the schools catalog has been provided and reviewed prior to signing this enrollment agreement.

Initial _____

NOTICE TO PROSPECTIVE STUDENTS:

DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. THIS IS A BINDING CONTRACT ONCE SIGNED. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE ENROLLMENT AGREEMENT AND HAVE RECEIVED AND READ THE CURRENT CATALOG.

Signature of Applicant

Date

Signature of School Official

Date

**Verification Applicant received
copy of this Agreement.**

Initial by student: _____

