



# PACIFIC STATES UNIVERSITY

3450 Wilshire Blvd. #500, Los Angeles, CA 90010  
 ☎ Tel: (323) 731-2383 Fax (323) 731-7276 Toll Free (888) 200-0383

## STUDENT ENROLLMENT AGREEMENT

	Social Security #	Driver's License #	Student #
Bachelor of Business Administration <input type="checkbox"/> Accounting <input type="checkbox"/> Computers in Business <input type="checkbox"/> Marketing	Master of Business Administration <input type="checkbox"/> Accounting <input type="checkbox"/> Finance <input type="checkbox"/> International Business <input type="checkbox"/> Management of Information Technology <input type="checkbox"/> Real Estate Management	Bachelor of Science <input type="checkbox"/> Computer Science and Information Systems  Master of Science <input type="checkbox"/> Computer Science <input type="checkbox"/> Information Systems	<input type="checkbox"/> Accounting Certificate Program <input type="checkbox"/> English as a Second Language  Doctor of Business Administration <input type="checkbox"/> International Business  <input type="checkbox"/> Other

Please indicate this Quarter:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

Mr.  Ms. Family (Last) Name \_\_\_\_\_ F irst Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Local or Mailing Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

Permanent Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email Address: \_\_\_\_\_ Cel: ( ) \_\_\_\_\_

Course No	Course Description	Office Only	Day	Hours	Room	Units	Instructor
TOTAL							

Graduate this Quarter?  Yes  No Completed Units to Date: \_\_\_\_\_

My signature below certifies that I have read, understand, and agree to all the terms, conditions, and explanations stated in this Student Enrollment Agreement. This includes but is not limited to the Student's Right to Withdraw and Tuition Refund Policy, the Buyer's Right to Cancel Policy, the Student Tuition Recovery Fund Policy (STRF), the Loan Responsibilities, and the Department of Consumer Affairs reference for complaints, questions, or problems. Further, I agree that this will be a legally binding agreement when signed by me and accepted by the University.

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

I certify that Pacific States University has met the disclosure requirements of California Education Code 94312 of The New Private Postsecondary Vocational Education Reform Act of 1998.

**PSU Enrollment Approved by:** (Name and Title) \_\_\_\_\_ Date \_\_\_\_\_

### STUDENT'S RIGHT TO WITHDRAW AND TUITION REFUND POLICY

PSU'S refund policy has been established so that the student who withdraws from class shares in the cost incurred. Students who register and withdraw before the first class will be refunded the entire tuition minus US\$100. In the event that a student does not complete a course, tuition refund less the Non-Refundables will be made according to the following schedule:

<u>Withdrawal During Quarter</u>	<u>Refund</u>
1 <sup>st</sup> week of the Quarter .....	100%
2 <sup>nd</sup> week of the Quarter .....	90%
3 <sup>rd</sup> week of the Quarter .....	80%
4 <sup>th</sup> week of the Quarter .....	70%
5 <sup>th</sup> week of the Quarter .....	60%
6 <sup>th</sup> week of the Quarter .....	50%
7 <sup>th</sup> week of the Quarter .....	45%
After 7 <sup>th</sup> week of the Quarter .....	0

**NO REFUND WILL BE ISSUED UNLESS THE STUDENT ACCOUNT HAS A CREDIT BALANCE.** Refunds will be processed within ten (10) working days from receipt of the student's request to the Finance Office.

### ➤ FOR OFFICE USE ONLY ◀

Total Units \_\_\_\_\_ @ \_\_\_\_\_ US\$ \_\_\_\_\_

Facility & Equipment Fees \_\_\_\_\_

Graduation Fee \_\_\_\_\_

Material Fee (Per Course \_\_\_\_\_) \_\_\_\_\_

Registration Fee (Non-Refundable) \_\_\_\_\_

Late Registration (Non-Refundable) \_\_\_\_\_

STRF (Non-Refundable) \_\_\_\_\_

Application Fee (Non-Refundable) \_\_\_\_\_

Other (Specify \_\_\_\_\_) \_\_\_\_\_

**TOTAL THIS QUARTER** US\$ \_\_\_\_\_

Balance Past Due \_\_\_\_\_

**TOTAL AMOUNT DUE** US\$ \_\_\_\_\_

Amount Paid:  Cash  Check/Money Order  
 Visa/Master Card \_\_\_\_\_

Receipt # \_\_\_\_\_ Date \_\_\_\_\_

**TOTAL BALANCE DUE** US\$ \_\_\_\_\_

Due Date: \_\_\_\_\_

FINANCIAL APPROVAL BY: \_\_\_\_\_

**If you have any complaints, questions, or problems which you cannot work out with the school, write or call:**

Accrediting Council for Independent Colleges and Schools (ACICS)  
 750 First Street, NE, Suite 980, Washington, DC 20002-4241, Tel: (202)336-6780, Fax: (202)842-2593