

Tel: 702-280-7599

Email: Info@amoschool.com 3025 W Sahara Ave # 200 Las Vegas NV 89102

Enrollment Agreement

STUDENT INFORMATION

Last Name:		First Name:			
		_ D.O.B:			
Address:					
				Zip:	
Primary Phone: ()		Email Addre	SS:	
PROGRAM INF	ORMATION	AND	<u>FEES</u>		
Tuina Professional	•	•		<u>\$ 6,30</u>	<u>0 Nineteen Weeks</u>
Program Name:					
Start Date:			_ End Date:		
Program Amount T	uition: <u>\$ 630</u>	0.0	_ Registration I	Fee: <u>\$150</u>	
that the student cann	illegal to accept ot practice mass f the student is f	any pay age with	ment for the exch nout a Massage L not obey massag	nange of massago icense issued by e laws, this will l	e therapy. This means the state in which ead to dismissal from
GRAND TOTAL FEES					\$ <u>6300.00</u>
Student Initials					
PD:)ate:		PD:	Date:	

REFUND POLICY:

AMO School's Refund Policy follows NRS 394.449. https://www.leg.state.nv.us/NRS/NRS-394.html
Right to Cancellation: Students have the right to cancel this enrollment agreement for three days from the date of signing the agreement for any reason. The student has the right to cancel the enrollment agreement and obtain a refund of fees paid. If the student cancels the enrollment before the start of the training program, the school shall refund all fees paid minus 10% of tuition agreed upon or \$150, whichever is less. If the student withdraws or is expelled by the school after the start of the training program and before completion of more than 60% of the program, a refund will be granted to the student at a pro rata amount of the tuition agreed upon in the enrollment agreement, minus 10 percent of the tuition agreed upon in the enrollment agreement or \$150.If the student withdraws or is expelled by the school after more than 60% of the training program, the school is not required to refund to the student any money and will charge the student the entire cost of tuition agreed upon in the enrollment agreement. Cancellation or withdrawal by the student must be in written form and dated. Refunds

will be paid within 15 business days after the school receives the written notice from the student.



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PAYMENT SCHEDULE AND REQUIREMENT

Students must pay off the complete tuition **before completing 60%** of the class or **within Three months** from the day they sign the contract, whichever comes first.

START AND STOP DATES OF PROGRAMS

The programs is based on semester, and student may enroll and start classes at the beginning of each semester and Must complete the entire course within Eight Months from the first day of their class. Provided all Courses of the program are completed, they will have earned the Certificate for the Program. Please see the catalog for the available semester.

CATALOG EFFECTIVE DATE:

Catalog v.05 effective date 05/31/2023

LOANS AND FUNDING:

The School does not currently have sponsored grant programs, government or private, nor does it participate in federal or state financial aid programs for tuition.

CREDIT FOR PREVIOUS TRAINING AND TRANSFERABILITY:

AMO School gives credit for previous studies where applicable. Students must provide transcripts and show documents as a proof of training from an accredited school which is approved by the Nevada State Board of Massage Therapist. Transferring students should be prepared to demonstrate their skills in practical evaluation. The fees for the evaluation session is \$100/hour. If upon the evaluation session it is determined that the student has demonstrated the required skills and have proof of training, the cost and length of training in the program may be reduced commensurate with the pro-rated hourly rate.

JOB PLACEMENT:

Disclaimer: Placement in the job is not guaranteed nor promised by AMO School NV.

STATEMENT:

By signing below, you agree that you have read and understand the enrollment agreement and have received a Catalog or Brochure from AMO School NV and understand it is part of the enrollment agreement. THE STUDENT IS RESPONSIBLE FOR THE AGREED UPON AMOUNT STATED IN THIS AGREEMENT. THIS AGREEMENT IS LEGALLY BINDING WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THE SCHOOL.

(Student initials)

Any questions regarding this enrollment agreement that has not been satisfactorily answered by the school may be directed to the Commission on Postsecondary Education:

Commission on Postsecondary Education

2800 E. St. Louis Las Vegas NV 89104

SIGNATURE OF STUDENT:	DATE:
SIGNATURE OF SCHOOL REPRESENTATIVE:	DATE: