



AMO SCHOOL NV

Tel: 702-280-7599
Email: info@amoschool.com
3025 W Sahara Ave # 200
Las Vegas NV 89102

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: _____