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International: 954.515.4042
Fax: 888.564.6745 (Toll Free)

Website: kaplancontinuingeducation.com
Email: infoKCE@kaplan.edu

1 Fill In Enrollment Information

To: Office of the Registrar

I hereby apply for admission to a Kaplan University Health Care certificate, one of the Kaplan Continuing Education programs. I agree to follow your online, independent study plan, and upon satisfactory completion of my program and tuition obligation, I will be awarded a certificate.

NAME: _____ CONTROL#: _____

ADDRESS: _____
(Street)

(City) (State) (Zip) (Country)

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

SOCIAL SECURITY#: _____ MOTHER'S MAIDEN NAME: _____

EDUCATION: (check one) High School Graduate Equivalent Month/Year of Graduation: _____

NAME OF HIGH SCHOOL OR ISSUING AGENCY: _____

ADDRESS OF HIGH SCHOOL OR AGENCY: _____
(Street)

(City) (State) (Zip) (Country)

COLLEGE DEGREE? Yes No; If Yes, Associate's Bachelor's Master's Doctoral, and please provide:

NAME OF COLLEGE OR UNIVERSITY: _____

ADDRESS OF COLLEGE OR UNIVERSITY: _____
(Street)

(City) (State) (Zip) (Country)

CURRENT EMPLOYER: _____

EMPLOYER'S ADDRESS: _____
(Street)

(City) (State) (Zip) (Country)

NAME OF AND RELATIONSHIP TO CLOSEST RELATIVE: _____

ADDRESS OF CLOSEST RELATIVE: _____
(Street)

(City) (State) (Zip) (Country)

If you require reasonable accommodation under the Americans With Disabilities Act, please contact the Disabilities Coordinator at 954.515.4420.

2 Submit Payment With This Agreement

Please see the subsequent pages of this form to choose your program and tuition payment plan option.

My down payment (including registration fee) in the amount of \$ _____ is enclosed.

I am paying by: (check one) Credit Card Bank Card Check Money Order

My credit/bank card number (if applicable) is: _____ Exp. Date: _____

My signature (only if using a credit or bank card): _____ Today's Date: _____

(Please Note: If you are using a bank card, please check with your bank regarding limitations.)

The terms of this agreement are contained on each page. PLEASE READ THEM ALL AND INITIAL THE BOX ON THE RIGHT.

Initials

3 Read, Sign Your Name, Add Today's Date

TERMS AND CONDITIONS

1. ACCEPTANCE: If accepted by Kaplan University, a signed copy of this Enrollment Agreement will be returned to the student along with an Enrollment Confirmation Notice. **2. TUITION:** Tuition is payable in full or monthly according to the payment plan selected by the student on this Enrollment Agreement. Tuition is payable in U.S. funds, by check on a U.S. bank, credit card, bank card, or money order. All prices for the certificate programs are printed or filled in on this Enrollment Agreement. The Internet enrollee understands that he/she is solely responsible for accessing the Internet program and for all fees related thereto including appropriate computer equipment and an online Internet Service Provider. Tuition does not include the cost of textbooks and/or course packs. Enrollment Agreements may be sold to third parties at any time. Cost of credit is included in the price for goods and services. If the student fails to make any scheduled tuition payment within 10 calendar days of its due date, Kaplan University reserves the right to cancel this agreement. Upon such cancellation, the balance of tuition owed for the program will become due and payable immediately, and the student will not be entitled to any refund unless the default is corrected within 15 calendar days of notice from Kaplan University. Bookkeeping fees of \$25.00 are due for each returned check, and a \$5.00 late fee is charged for any tuition paid more than 10 days late. **3. FIRST TUITION PAYMENT:** The first payment of tuition under deferred payment plans B through I is due within 30 days of acceptance by Kaplan University. **4. CERTIFICATE:** A certificate is awarded upon program completion when the student satisfactorily completes and passes every unit quiz and course exam and satisfies payment obligation. Students must be free of any financial obligation to the school prior to a certificate being awarded. **5. PROGRESS:** A certificate is awarded when a student satisfactorily completes each of the courses in the program and satisfies payment obligation. Students must maintain a satisfactory grade on quizzes and exams. The faculty will assist the student in maintaining satisfactory progress. The student is allowed up to 12 months to complete the program. Students requiring additional time will be charged a monthly extension fee of \$50.00 beginning in month 13. **6. ENTRANCE:** Students must pass the Kaplan University admissions application process to enter the program. Health and human services professionals may gain entrance to the Geriatric Care Management Certificate and Case Management Certificate. Qualified rehabilitation and medical professionals may gain entrance to the Life Care Planning Certificate. **7. PROGRAM START DATE:** The date students are deemed to have started their program of study is when the five-day period for rescinding the contract has passed, they have met the entrance requirements, and a proper tuition payment has been made. **8. INSTRUCTION:** The student will be responsible for the cost and acquisition of all textbooks and/or course packs. Students can purchase required textbooks and/or course packs independently or through the Kaplan University online student store. Kaplan University will provide the online course materials. A faculty member will answer student questions and assist the student with his or her studies while enrolled in the program. **9. COURSE VERSION:** To ensure the currency and efficacy of Health Care curriculum, courses in a program may be periodically updated. Kaplan University's academic administration may close a version of a course following no less than 90 days notice to the student. Students being transferred to a new version of a course following such notice may be required to repeat coursework and may be required to purchase updated textbooks and/or course packs, if applicable. **10. CERTIFIED LIFE CARE PLANNER (CLCP) NOTICE (for Life Care Planning Certificate students only):** LP 340 — Development of the Life Care Plan is NOT a component of the Life Care Planning Certificate. LP 340 is intended to provide a means for those Kaplan University life care planning graduate certificate holders desiring to meet the Commission on Health Care Certification's (CHCC) requirements. For further details, refer to CHCC's Standards and Examination Guidelines. While the cost of tuition for LP 340 is at no additional charge for graduate certificate holders, students desiring to meet all requirements for CLCP certification are responsible for separate costs associated with the CHCC. **11. EMPLOYMENT:** Kaplan University will assist each graduate with job placement skills development. However, Kaplan University does not guarantee job placement or employment. **12. FOREIGN STUDENTS:** Students in foreign countries or U.S. territories will assume payment of customs duties and any difference in exchange rate and additional postage. Payment in full is required. All instruction is conducted in English. **13. REFUNDS:** Kaplan University will make refunds to students withdrawing from the certificate program pursuant to the following Tuition Refund Policy: (1) All monies will be refunded if the student is not accepted by Kaplan University, or if the student cancels within five calendar days after midnight of the day on which the Enrollment Agreement was signed. (2) After this five-day period and up to and including the first 30 days of enrollment in the program, withdrawal will result in a refund of all monies paid, with the exception of the nonrefundable registration fee of \$395.00. (3) Tuition is based upon the deferred payment price. (a) Once the first 30 days of enrollment in the program have passed and up to and including the first 60 days of enrollment in the program, upon withdrawal, Kaplan University is entitled to the \$395.00 registration fee and tuition charge as follows: 50% of the tuition minus the registration fee. (b) Once more than 60 days of enrollment in the program have passed, upon withdrawal, Kaplan University is entitled to the full tuition. Notice of the student's intention to cancel/withdraw must be made in writing. No refunds can be made after the published time allowed for the completion of the program. A student can be dismissed at the discretion of the Program Director for insufficient progress, nonpayment of fees, or failure to comply with the terms of the Enrollment Agreement.

Holder in Due Course Statement

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds, hereof Recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

I have read the terms and conditions contained in the Enrollment Agreement and understand that this Agreement constitutes a binding contract upon acceptance by the school. NOTICE TO STUDENT (BUYER): (1) Do not sign this Agreement before you read it or if it contains any blank space. (2) You are entitled to a completed copy of this Agreement; and if accepted, such a copy will be mailed to you. (3) Under the law you have the right to pay off, without penalty, in advance, the full amount due. (4) You may cancel this transaction at any time prior to midnight of the fifth (5th) calendar day after the date you sign this Agreement. By signing this Agreement, I hereby agree to its terms and conditions.

SIGNATURE: _____ TODAY'S DATE: _____

Initials

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4 Choose Your Program and Payment Plan (A-F or alternative loans)

GERIATRIC CARE MANAGEMENT CERTIFICATE\$3,795.00*

CASE MANAGEMENT CERTIFICATE\$3,795.00*

TRUTH IN LENDING DISCLOSURE—GERIATRIC CARE MANAGEMENT CERTIFICATE OR CASE MANAGEMENT CERTIFICATE									
	TUITION	DOWN PAYMENT [†]	BALANCE AMOUNT FINANCED	ANNUAL % RATE	FINANCE CHARGE	DEFERRED PAYMENT PRICE	NUMBER OF PAYMENTS	AMOUNT OF MONTHLY PAYMENTS	TOTAL OF DEFERRED PAYMENTS
<input type="checkbox"/> A	\$3,795.00	\$3,695.00	\$0.00	0.00%	\$0.00	\$3,695.00	1	\$0.00	\$0.00
<input type="checkbox"/> B	3,795.00	1,997.50	1,797.50	0.00%	0.00	3,795.00	12	149.79	1,797.50
<input type="checkbox"/> C	3,795.00	795.00	3,000.00	7.99%	193.33	3,988.33	18	177.41	3,193.33
<input type="checkbox"/> D[‡]	3,795.00	795.00	3,000.00	10.99%	355.43	4,150.43	24	139.81	3,355.43
<input type="checkbox"/> E[§]	3,795.00	795.00	3,000.00	16.99%	849.96	4,644.96	36	106.94	3,849.96
<input type="checkbox"/> F	Plan F applies to those granted tuition credit into the Geriatric Care Management Certificate or Case Management Certificate. A Kaplan University official will assist you in completing Plan F.								
<input type="checkbox"/> Alternative loans									

LIFE CARE PLANNING CERTIFICATE\$3,895.00*

TRUTH IN LENDING DISCLOSURE—LIFE CARE PLANNING CERTIFICATE									
	TUITION	DOWN PAYMENT [†]	BALANCE AMOUNT FINANCED	ANNUAL % RATE	FINANCE CHARGE	DEFERRED PAYMENT PRICE	NUMBER OF PAYMENTS	AMOUNT OF MONTHLY PAYMENTS	TOTAL OF DEFERRED PAYMENTS
<input type="checkbox"/> A	\$3,895.00	\$3,795.00	\$0.00	0.00%	\$0.00	\$3,795.00	1	\$0.00	\$0.00
<input type="checkbox"/> B	3,895.00	2,047.50	1,847.50	0.00%	0.00	3,895.00	12	153.96	1,847.50
<input type="checkbox"/> C	3,895.00	795.00	3,100.00	7.99%	199.77	4,094.77	18	183.32	3,299.77
<input type="checkbox"/> D[‡]	3,895.00	795.00	3,100.00	10.99%	367.28	4,262.28	24	144.47	3,467.28
<input type="checkbox"/> E[§]	3,895.00	795.00	3,100.00	16.99%	878.29	4,773.29	36	110.51	3,978.29
<input type="checkbox"/> F	Plan F applies to those granted tuition credit into the Life Care Planning Certificate. A Kaplan University official will assist you in completing Plan F.								
<input type="checkbox"/> Alternative loans									

* Tuition for each program does not include textbooks and materials. Students who pay in full at time of registration receive a \$100 discount on their tuition.

[†] Down payment includes a \$395.00 nonrefundable registration fee. This fee will be returned to the applicant if he/she is not accepted by Kaplan University.

[‡]Not available to residents of Minnesota.

[§]Not available to residents of Florida, Connecticut, Minnesota, or Tennessee.

FOR SCHOOL USE ONLY—DO NOT FILL IN

Date: _____ Student #: _____ Accepted by: _____
 Admissions Advisor: _____ LS: _____

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Initials