



Enrollment Agreement

STUDENT INFORMATION

Last Name: _____ First Name: _____ MI: _____ D.O.B.: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: () _____ Secondary Phone: () _____

Email address: _____

Ethnicity: _____ Marital Status: _____ Highest Level of Education: _____

Employment Status: _____ Current Employer: _____

The above named student ("Student", "you") hereby enrolls in the courses listed on the 2nd page of this Agreement to be provided by Saint Joseph's University Professional Online Certificate Programs ("University" or "SJU") pursuant to the terms and conditions of this Enrollment Agreement.



SAINT JOSEPH'S UNIVERSITY

| Program | Length | Cost |
|---------|--------|------|
|---------|--------|------|

Crisis Management

| | | | |
|---|--------------------------|-------------|--------------------------|
| 4 Course CM Certification | 32 Weeks | \$ 995.00 | <input type="checkbox"/> |
| Intro to Risk and Crisis Communication | | | |
| Risk and Crisis Management | | | |
| Pysological Aspects of Terrorism | | | |
| Leadership in Times of Crisis | | | |
| 6 Course Advanced Certification (incl. 4 Course CM Cert) | 48 Weeks | \$ 1,250.00 | <input type="checkbox"/> |
| Choose One Focus Area: | | | |
| Port Security (2) | <input type="checkbox"/> | | |
| Shelter In Place Training (2) | <input type="checkbox"/> | | |
| Risk Communication (1) | <input type="checkbox"/> | | |
| 8+ Course Advanced Certification (incl. 4 Course CM Cert) | 64+ Weeks | \$ 1,599.00 | <input type="checkbox"/> |
| Choose One: | | | |
| Food Security Electives (7) | <input type="checkbox"/> | | |
| Agroterrorism (6) | <input type="checkbox"/> | | |
| Homeland Security (4) | <input type="checkbox"/> | | |
| Individual Courses | | | |
| Intro to Risk and Crisis Communication | 8 Weeks | \$ 295.00 | <input type="checkbox"/> |
| Risk and Crisis Management | 8 Weeks | \$ 295.00 | <input type="checkbox"/> |
| Pysological Aspects of Terrorism | 8 Weeks | \$ 295.00 | <input type="checkbox"/> |
| Leadership in Times of Crisis | 8 Weeks | \$ 295.00 | <input type="checkbox"/> |

All Courses listed below are 8 weeks in duration. Tuition for each course is \$345.00.

Food Security and Defense

Intro to Food Security and Defense
 Food Security Risk Assessment
 Food Supply Train Traceability
 Food Security Risk Communication
 Food Security Risk Management
 Food Security Law
 Securing Our Global Supply Train

Risk Communication

Best Practices of Risk and Crisis Communication

Homeland Security

Psychological Aspects of Terrorism
 Panic Response Operations
 Mental Health Interventions
 Psychological Impacts and Effects of Crisis

Agroterrorism

Introduction to Agricultural and Industrial Terrorism
 Incident Command System
 Animal Health and Emergency Management
 Animal Pathogens
 Animal Disease and Bio-security
 Recovery Animal Health Emergencies

Port Security

Maritime Security Awareness
 Law Enforcement Maritime Security

Shelter-in-Place Training

Public Facilities
 Private Facilities

PAYMENT OF TUITION

The student is responsible for payment of the tuition. Unless arrangements are made for an installment payment as described below, payment in full of the amount of the totals on page two of this Agreement must be paid prior to the Start Date of class. The Start Date will be provided to Student on or before the time of registration for the class(es) All payments must be made according to one or more of the following methods.

- MONEY ORDER, CASHIER’S CHECK PERSONAL CHECK, CORPORATE CHECK, LOAN CHECK

| Check Type | Check Number | Date | Amount |
|------------|--------------|------|--------|
| | | | |
| | | | |
| | | | |

- CREDIT CARD (Visa, MasterCard, Discover, and American Express)

Note: For any charge to a credit card, the name on your credit card statement will appear as Deltak edu, Inc. – the billing processing company acting on behalf of Saint Joseph’s University.

| Card Type | Card Number | Exp. Date | Date to Charge | Amount |
|-----------|-------------|-----------|----------------|--------|
| | | | | |
| | | | | |
| | | | | |

- STUDENT LOANS

The student must apply and be approved for any loan prior to the Start Date of Agreement. No second form of payment is needed as long as the loan pays the full tuition. All original documentation must be signed and returned to a University representative prior to the start of enrollment.

| Lender | Reference Number | Disbursement Dates | Amount |
|--------|------------------|--------------------|--------|
| | | | |
| | | | |
| | | | |

- GOVERNMENT FUNDING

An approved Government Funding Agreement must be submitted to the program manager prior to the Start Date of Agreement. Appropriate Government Funding documentation must be attached.

| Funding Type | Voucher Number | Payment Dates | Amount |
|--------------|----------------|---------------|--------|
| | | | |
| | | | |
| | | | |

Grand Total

INSTALLMENT PAYMENT

Installment payments shall be made according to the following schedule: In full within 10 days of class commencing, or In the amount of 20% of the total due, payable monthly until the total balance is paid in full. Installment payments may be made by any of the payment methods described herein. Installment payments will incur a 5% administration fee of the entire cost of the program. A credit card is required to guarantee payment of all installments. The credit card will be charged only in the event that any installment is not paid when due. Any interest or charges imposed by the credit card company are the Student’s sole responsibility, and in addition to the 5% administrative fee charged by the University. The Student will not receive his/her certificate of completion until Saint Joseph’s University has successfully received full payment.

INSTALLMENT PAYMENT CREDIT CARD GUARANTEE

In the event any Installment Payment is not received by the due date, student hereby authorizes Saint Joseph’s University to charge the amount of the past due installment, plus the applicable administrative fee to the following credit card account:

Card Number: _____ Exp. Date: _____ Name on Credit Card: _____

Credit Card Billing Address: _____ City: _____ State: _____ ZIP: _____

Credit Card information is same as listed above. (If this is true, confirm by signing here): _____

Today’s Date: _____ Student Initial: _____ School Representative Initial: _____

DROP / ADD POLICY

Students who choose to withdraw from a course prior to or on the first day of class are eligible for a full refund. With a course withdrawal during the remainder of week 1, the student is eligible for a 75% refund. With a course withdrawal in week 2, the student is eligible for a 25% refund. With a course withdrawal in week 3 or beyond, the student is eligible for no refund. For any refund requests, students are required to notify the Director of Admissions in writing and return all course books and materials no later than day 14. Refunds will be processed 30 days after proper notification and approval by the University.

OPEN DOOR POLICY

The University operates on an open door policy with regard to Students presenting questions, complaints or other comments about the course. If you have any comments or questions about your training, please contact either your program manager or course facilitator and they will reply your concerns. Feedback from students is vital to the improvement of the program and you are encouraged to contact us.

NOTICE TO THE STUDENT

By signing below, the student agrees to pay the University the total stated tuition and fees in accordance with the terms of this Enrollment Agreement. The student understands that this is a legally binding document when signed and dated by the student or guardian and accepted by the University. In the event that the University brings a civil action to enforce the payment obligations described in this Enrollment Agreement, by signing below the student/guardian explicitly agrees to pay to the University all costs, including reasonable attorneys' fees, incurred in bringing and prosecuting such action, in addition to any other amounts for which the student/guardian may be liable by way of judgment, settlement or otherwise. The student is entitled to receive one copy of the Enrollment Agreement he or she signs and any information disclosure pages presented by the University

ARBITRATION AND GOVERNING LAW

Except for a civil action brought by University in an attempt to enforce the payment obligations described in this Enrollment Agreement, any controversy or claim arising out of or relating to this Enrollment Agreement, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association ("AAA") under its Commercial Arbitration Rules and the Supplementary Procedures for Consumer-Related Disputes. The arbitration shall be conducted by a single arbitrator. All claims regardless of amount shall be resolved by submission of documents, unless either party requests a hearing. All hearings shall be by telephone unless either party requests an in person hearing. If either party requests an in person hearing, the hearing shall take place in the city having an AAA office which is closest to the home of the Student. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. This Agreement shall be governed by the substantive laws of the State of Illinois.

Any changes to this agreement shall not be binding unless the program manager and the student (or the student's parent/guardian if the student is a minor) have approved such changes in writing. The terms and conditions of this agreement are not subject to amendment or modification by oral agreement.

Student Signature: _____ Date: _____

Print Name: _____ Phone: _____

Student's Guardian/Representative Signature (for a minor) _____

Print Name _____

Accepted by (School Representative) _____ Date: _____

Print Name: _____ Phone # _____

Today's Date: _____ Student Initial: _____ School Representative Initial: _____



SAINT JOSEPH'S UNIVERSITY
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
AUTHORIZATION TO RELEASE INFORMATION

Name of Student: _____

To the Student: Please complete this form and give it to the Saint Joseph's University's ("Saint Joseph's") department or office which is responsible for the particular record(s) that you identify below. By completing and signing this form, you are giving Saint Joseph's, through this department or office (or individual from the department or office who you specify), permission to share information from your education records over which they have control. If you are providing more than one office with authorization, a copy of this form should be provided to each.

Department, office or individual to whom you are providing this authorization:

(e.g., Registrar, Academic Advising, Professional Online Certificate Program)

Specify the information to be released:

(e.g., My transcripts, my grades, my advisor's recommendations, a letter of recommendation, etc)

Saint Joseph's is authorized to release the information to:

(e.g. My mother and father – John and Mary Doe, etc.)

For the following purpose:

(e.g., To keep them informed of my academic progress, as part of my tuition reimbursement policy, etc.)

This consent is to remain in effect until _____ (Include a specific date).

I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time prior to the above indicated date (or if no date is provided, at any time after signing this authorization), by providing the department, office or individual identified above with written notice of my revocation of this authorization. I understand that, consistent with the Family Educational Rights and Privacy Act (FERPA), my education records are protected from disclosure to third parties and that absent my written consent which I am hereby providing with respect to the above identified records, Saint Joseph's would not be permitted to disclose the information, unless such disclosure is permitted under FERPA.

Student Signature: _____ **Date:** _____

For Use With LETTERS OF RECOMMENDATION:

Indicate whether you are waiving your right to view the Letter of Recommendation. If you do not waive your right to view the letter, the letter cannot be treated by Saint Joseph's University as a "Confidential" letter of recommendation.

I waive _____/I do not waive _____ my right to view the Letter of Recommendation.

Saint Joseph's acknowledgement of Student's Selection regarding a letter of recommendation:

Signature: _____ Date: _____
(Person providing the letter)