



# Continuing Professional/Legal Education Agreement

Washington Institute for Graduate Studies

University Town Center, 4660 La Jolla Village Drive, Suite 500, San Diego, CA 92122

Phone: 858-546-2838 Fax: 858-535-4890 E-Mail: [info@wsltax.org](mailto:info@wsltax.org) Web address: [www.wsltax.org](http://www.wsltax.org)

## STUDENT INFORMATION

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ SS# \_\_\_\_\_  
 Home Address (Street) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Shipping Address (for shipping courses *(do not use P.O. Box)*) (Street) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Employer Name \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Male  Female

**LIST OF COURSES REQUESTED:** I'm Seeking . . .  CPE Credit  CLE Credit

Course #	Course Name	# Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## OCCUPATIONAL INFORMATION

Present Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Name of Business or Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Business/Employer Address: \_\_\_\_\_  
 Highest level of Education Achieved: \_\_\_\_\_ From: \_\_\_\_\_

Are you interested in obtaining additional information about our Degree-granting program?  Yes  No Thank You

## WHERE DID YOU FIND OUT ABOUT OUR SCHOOL? (Please circle)

School Website (From internet search)  Journal of Accountancy   
 ABA Journal  Personally Referred by: \_\_\_\_\_  
 CPA Journal  Other (Please specify): \_\_\_\_\_

## PROGRAM FEES (Please see the CPE/CLE Credit Taxation Bulletin for full details):

Washington Institute offers three standard tuition payment plans, as set forth below:

- Lump-Sum Payment:** At a cost of \$40 per credit hour, the student pays for each course and receives all lectures relating to that specific course shortly after complete payment is made to the School. If a student is interested in pursuing the degree-granting program, please contact the Administration Office for prices.
- Monthly Installments:** Student contracts with Washington Institute for Graduate Studies obliging him/her to pay all applicable fees. The student is allowed to make interest free, monthly installments for no more than 6 months until fully paid. The initial monthly payment is due once the student has been accepted, specifically prior to shipment of course materials. Subsequent monthly installments are processed on the 1<sup>st</sup> if paid by credit card or the 15<sup>th</sup> if paid by ACH (automatic bank account debit) beginning the following month.

**Special Promotion:** Please check if you are enrolling under a promotional offering. (*Proof of promotion discount is required, i.e. copy of your e-mail or letter with promotion offer. Please attach.*)

### For Washington Institute Staff Only:

Promotion Name/Code: \_\_\_\_\_ Fees per credit hour: \_\_\_\_\_  
 Terms: \_\_\_\_\_

In addition to the fees above, the following fees apply:

- Shipping and handling – at cost.
- Insufficient Funds/Returned check fee - \$25

All payments submitted for tuition and fees must be payable in US dollars. Recommended texts for the program are not purchased through the School and the cost is in addition to fee stated herein.



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**PAYMENT METHOD (MUST Select One)**     **Lump-Sum**     **Monthly Installments**

• **Credit Card Option. Credit Card Type:**     **Master Card**     **American Express**     **VISA**     **Discover**

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

• **Electronic Withdrawal from Bank Account Option**     **Checking Account**     **Savings Account**

**(PLEASE ATTACH A VOIDED CHECK)** Your Financial Institution Name (Depository): \_\_\_\_\_

Transit (ABA) #: \_\_\_\_\_ Account #: \_\_\_\_\_

I hereby authorize Washington Institute to initiate debit entries and if necessary credit the same to the above named financial institution and account.

Name (print): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Refund Policy:** If within ten business days, commencing the day after payment was received by Washington Institute, the student wishes to withdraw, he/she may do so with no further obligation – provided no courses have been shipped. A written statement of withdrawal must be received by mail or fax to meet these terms (with the date postmarked on the envelope, fax or email transmittal). If a student would like to withdraw within the 10 day period and a course has already been shipped to the student, the course must be returned within 14 days or the student will remain obligated. If the student meets these conditions, all money paid, less shipping and handling, will be refunded.

**Contract Terms/Conditions:** This is a binding contract. I have read and understand the terms of the refund policy stated in this contract. I promise to pay all applicable fees as specified in this enrollment agreement. I have a copy of the most recent *CPE/CLE Credits Taxation Bulletin* or have gone to the Website for the on-line version and have read its contents carefully. I am bound by its conditions and rules. If I fail to timely pay, then Washington Institute will enforce the terms of this agreement and collect the amount owed, plus all collection costs, and reasonable attorney fees. I consent and submit myself to the jurisdiction of (a) any arbitrator appointed by Washington Institute, for binding, mandatory arbitration under any informal procedural rules that the arbitrator deems appropriate, and/or (b) the courts of the state of Utah and/or California, and I consent to personal service of process or by certified mail, return receipt requested, addressed to my name at my work or residential address.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Institution Representative \_\_\_\_\_ Date \_\_\_\_\_