



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 Web address: www.wsltax.org

STUDENT INFORMATION

Female

Male

First Name _____ Middle Name _____ Last Name _____

Street Address _____ City _____

State _____ Zip _____ Country _____ Date of Birth _____ SS# _____

Home Phone _____ Work Phone _____ Fax _____

Cell Phone _____ E-Mail Address _____

LIST OF COURSES REQUESTED:

I am 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: _____

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

School Website (resulting from internet search)

ABA Journal

Referral

Card Deck? Which one? _____

CPA Journal

Other? Please specify: _____

Journal of Accountancy

FEES *Please see the Bulletin for full details:*

Cost per Credit Hour

\$40

Course Shipping/Handling:

At Cost

Late Payment Fee:

\$20

Insufficient Funds Fee:

\$35

Recommended Texts:

At Cost (should I choose to purchase)

NOTE: All tuition and fees must be paid in US Dollars.

PAYMENT PLAN (MUST Select One)

Pay in Full – 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.

Monthly Installments – Under this option, a 5.26% Finance Charge will be assessed and added to the course balance upon initial order confirmation. The student is allowed to make equal, monthly installments for no more than 6 months until fully paid. The initial monthly payment is due once the student has placed the order and the order has been confirmed, specifically prior to shipment of course materials. Subsequent monthly installments are processed on the 1st of each month (if paid by credit card) or the 15th of each month (if paid by ACH. . .automatic bank account debit).

Special Promotion: – Please check if you are ordering a course under a promotion offering. Proof of promotion is required and must be attached (i.e., copy of your email or letter with offer).

To Be Completed by Washington Institute Staff Only:

Promotion Name/Code: _____ Tuition Amount/Terms: _____

PAYMENT METHOD (MUST Select One)

- **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. This authorization is to remain in full force and effect until Washington Institute has received written notification from me of its termination in such time and in such manner to afford Washington Institute and Depository a reasonable opportunity to act on it.

Name (print): _____ Authorized Signature: _____ Date: _____

Refund Policy . If within 10 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. All money paid towards a course and shipping and handling, providing no courses have been shipped to the student, will be refunded. A written statement of withdrawal must be received by mail, email or fax to meet these terms. There will be no refund once a course has been shipped. This refund policy was set in place to keep program costs low and to protect the financial integrity of the school for all students. For more information regarding administrative policies, such as refunds, please contact our offices at: (858) 546-2838.

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 the fees as specified in this enrollment agreement. All fees must be paid in full before I can receive a certificate of completion. I have a copy of the most recent *Bulletin* or have gone to the Website for the on-line version and have read its contents pertaining to this degree carefully. I am bound by its conditions and rules. If I fail to timely pay, then Washington Institute will enforce the terms of the 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 _____