



STUDENT ENROLLMENT 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

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 _____
 Transcript Included? Yes No *NOTE: Transcript MUST be received within 60 days (only showing Master's Degree)*

APPLYING FOR:

- Doctor of Taxation (D. Tax), or
 Doctor of Philosophy (Ph.D.) in Taxation

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

LIST OF DEGREES CONFERRED (do not list other studies)

DEGREE	MAJOR	SCHOOL	DATE

BACKGROUND INFORMATION

Licensing Information (if more than 2, please list below or attach an additional sheet)

Your Title	License#	Name of Licensing Board	Phone

List any background experiences, training, occupational licenses, awards, honors, scholarships, professional certificates, professional associations, or other information that gives evidence of your ability to complete the studies for which you are applying.

OCCUPATIONAL INFORMATION.

Present Occupation: _____ How Long? _____
 Name of Business or Employer: _____ How Long? _____
 Business/Employer Address: _____ Best Time to Contact: _____

Please attach a current resume showing current and previous employment with detailed information regarding the responsibilities and accomplishments of each position held.

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

TUITION/FEES *Please see the Taxation Bulletin for full details:*

Enrollment Fee: \$50 (must accompany this enrollment agreement)
Tuition: \$7,500 (specify payment plan below)
Course Shipping/Handling: Our Cost
Late Payment Fee: \$20
Insufficient Funds Fee: \$35

PAYMENT PLAN (**MUST** Select One)

- Two Equal Payments** – A payment of \$3,750 per phase (*phases described in Doctorate Degree in Taxation Bulletin*).
- Pay in Full** - A student may receive a 10% discount on tuition if the full amount is paid at the time of matriculation into the program. For example, instead of \$7,500, the total tuition for a student would be \$6,750 if paid in-full at the time of matriculation (this discount can't be combined with other offers and/or discounts).
- Monthly Installments** – Under this option, a 5.26% Finance Charge will be assessed and added to the tuition balance upon matriculation. The student is allowed to make equal, monthly installments for no more than 24 months until fully paid. The initial monthly payment is due once the student has been accepted and matriculated into the program. 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).

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: _____

Requirements of Program (*see Doctorate Degree in Taxation Bulletin for full details*). The candidate must have previously earned and been awarded a Master of Laws in Taxation, Master of Science in Taxation or a Master of Accountancy with an emphasis in Taxation from this school or from an approved college or university which requires no less than one academic year of study (i.e. 24 or more semester units).

Certifications. The institution is not accredited by a regional or national accrediting agency recognized by the U.S. Department of Education – which does not require educational institutions in the US to become accredited; it is a voluntary process in the United States. For more information regarding our certification, please visit our website at: www.wsltax.org and click on *Taxation Bulletin* for full details.

Refund Policy . If within 10 business days, commencing the day of enrollment, the student wishes to withdraw, he/she may do so with no further obligation. All money paid towards tuition 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 the tuition amount 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.

Doctorate Withdrawal/Dismissal. Students who have not made their scheduled payment(s) may be withdrawn from the program and their account sent to collections. Students who have not made progress in their research and remained in touch with their Advisor in a year's time may be withdrawn. Students who have made payment(s) and have not completed the program within three years may be withdrawn. If the student falls outside the three year time-frame, he/she must pay a \$1,000 reinstatement fee. Also, a student that violates the honor code may face dismissal.

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 tuition and fees as specified in this enrollment agreement. All tuition and fees must be paid in full before I can graduate. 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 Withdrawal/Dismissal Policy 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. I have also read and understand the requirements of the doctorate Program.

Student Signature _____ Date _____

Institution Representative _____ Date _____