



Master of Science in Taxation 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 _____

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

LIST OF DEGREES CONFERRED (do not list other non-degree studies)

DEGREE	MAJOR	SCHOOL	DATE

BACKGROUND INFORMATION

Licensing Information (If more than two, 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 (In addition to the information below, please attach a resume)

Present Occupation: _____ How Long? _____

Name of Business or Employer: _____ How Long? _____

Business/Employer Address: _____ Best Time to Contact: _____

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

- School Website (resulting from internet search)
- Referral
- CPA Journal
- Journal of Accountancy
- ABA Journal
- Card Deck? Which one? _____
- Other? Please specify: _____

TUITION/FEES (see Taxation Bulletin for full details).

- Enrollment Fee: \$50 (must accompany this agreement)
- Tuition: \$9,500 (specify payment plan below)
- Course Shipping/Handling: \$250 (covers all courses)
- A one-time shipping surcharge (Int'l Students): \$500
- Transcript Fee (2 provided at no charge): \$10
- Fee per semester unit (to retake a course): \$75 (requires approval from School)
- Online Tax Library: \$299 (optional, annual subscription)
- Insufficient Funds Fee: \$35
- Late Payment Fee: \$20
- Additional Diploma Fee: \$75
- Required Texts: At Cost (not purchased through school)
- Transfer Student Evaluation Fee: \$75

PAYMENT PLAN (MUST Select One)

- 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 \$9,500, the total tuition for a student would be \$8,550 if paid in-full at the time of matriculation (this discount may not 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, 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).

Tuition Promotion: – 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 Amt/Terms: _____

Online Tax Library (optional annual subscription): \$299 (*) _____
(MUST Initial Here)

(*) The subscription is for the expanded version of RIA Checkpoint, which includes federal, state, local, and international tax components (as well as a variety of useful business/practice tools). No refunds once a username/password has been sent to the student. See Bulletin for more details.

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 *Taxation Bulletin* for full details). Those who have their Bachelor's Degree in a field relating to accounting, tax, or law; or those licensed to practice law who have their JD degree are qualified to enter into the program.

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 ten business days, commencing the day of enrollment, the student wishes to withdraw, (s)he may do so with no further obligation. A written statement of withdrawal must be received by mail or fax to meet these terms. 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 and unopened within 14 days, or the student will remain obligated. If the student meets these conditions for withdrawal, all money paid towards tuition and shipping and handling will be refunded. **Please Note:** In order for the refund policy to apply, the date postmarked on the envelope or the date on the fax transmittal or email of the written statement of withdrawal must be within the required time period stated above.

Withdrawal/Dismissal: Students who have not made their scheduled payment(s) may be withdrawn from the program. Students who have made their payment(s), but have not ordered any course work in a year's time may be withdrawn. Students who have made payment(s) and have not completed the program within five years will also be withdrawn. A student that violates the honor code may also face dismissal. If the student falls outside the five year time-frame, he/she may be eligible to reinstate, but may be subject to prevailing tuition rates/fees. 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, withdrawal and dismissal policies stated in this contract and the *Taxation Bulletin*. 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 Master of Science in Taxation Program.

Student Signature _____ Date _____

Institution Representative _____ Date _____