



STUDENT REINSTATEMENT 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

“UPDATED” STUDENT INFORMATION

First Name _____ Middle Name _____ Last Name _____
Street Address _____ City _____ State _____ Zip _____ Country _____
Home Phone _____ Work Phone _____ Fax _____
Cell Phone _____ E-Mail Address _____

REINSTATING FOR (select only one):

- LL.M – in Taxation (must have enrolled prior to October 2008), for an additional five years, or
- Master of Science in Taxation, for an additional five years, or
- Doctor of Taxation, for an additional three years, or
- Doctor of Philosophy in Taxation, for an additional three years.

SELECT ONE OF THE PAYMENT OPTIONS BELOW (must be paid in US Dollars):

- Pay in Full** – Masters-level students pay \$2,500 and Doctorate-level students pay \$1,000.
- Monthly Installments** – Under this option, a 5.26% Finance Charge will be assessed and added to the reinstatement fee. 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).
- Special Promotion:** – Please check if you are enrolling under a reinstatement 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: _____

Oldest Permitted Course. Washington Institute will graduate a student that has met all graduation requirements, permitting each course is no older than 12 years old upon the date of graduation. If you believe your course(s) will exceed the 12 year limit, please contact the Administration Office for available options.

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 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 may be withdrawn. 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 fee as specified in this 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.

Student Signature _____ Date _____
Institution Representative _____ Date _____