SECTION A: STATE REQUIREMENT

This Enrollment Agreement is required by the State of California.

SECTION B: ACKNOWLEDGEMENTS

This is a legally binding document when signed by the student and accepted by the school. Your signature acknowledges the following:

1. You have been given reasonable time to read and understand the information in this document.
2. You have been given a written statement of the return policy (including examples of how it applies).
3. You have been given access to a Dr. Pallavi Patel College of Health Care Sciences (PCHCS) student handbook and Nova Southeastern University Health Professions Division academic catalog (including a description of the courses or educational services that includes all material facts concerning the college and the program or course of instruction that are likely to affect your decision to enroll).

When the University receives and accepts your signed copy of this form, a copy will be sent to you for your records.

SECTION C: PROGRAM REQUIREMENTS

You must complete 52 credit hours to satisfy the program's requirements. The number of weeks to complete the program is contained in your School Performance Fact Sheet. Your actual time to complete the program may depend on a variety of factors, including but not limited to: applicable transfer credits, continual attendance/breaks, or other factors that are individual to you.

Your anticipated completion date can be determined by using the number of weeks for your program as shown on the School Performance Fact Sheet and adding that amount to the date
at which you began your course of study. The program length on your School Performance Fact Sheet reflects the established expected time to complete a program. The term expected time means the length of time it would take a student to complete this program if the student is continuously enrolled, takes a full course load, successfully completes each attempted course, and does not have any transfer credits. Students may exceed or complete prior to the established expected time for a variety of reasons that are individual to the student. This enrollment agreement remains in effect until the program is completed in accordance with all University policies.

SECTION D: PERFORMANCE FACT SHEET AND ACKNOWLEDGEMENTS

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, salaries or wages, and the most recent cohort default rate, if applicable, prior to signing this agreement.

Initials: ___________________________ Date: ___________________________

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.
SECTION E: FEES AND CHARGES

TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT

- Admission Application Fee $50.00 Nonrefundable

TOTAL ESTIMATED CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM

You are responsible for the following tuition, fees and charges for the program's required course of study.

<table>
<thead>
<tr>
<th>Total Estimated Charges for the Entire</th>
<th>Master of Science in Speech Language Pathology (MS-SLP) Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition*</td>
<td>$63,388.00 Based on 52 Credits at $1219.00 per Credit</td>
</tr>
<tr>
<td>Textbooks and Materials**</td>
<td>$3600.00 Based on $150.00 per course and a maximum of 24 courses</td>
</tr>
<tr>
<td>Graduation Fee</td>
<td>$275.00</td>
</tr>
<tr>
<td>Other Fees</td>
<td>$7285.00</td>
</tr>
<tr>
<td>California STRF**</td>
<td>$0.00 Based on $.00 cents per $1,000 of institutional charges, rounded to the nearest $1,000</td>
</tr>
<tr>
<td>Total Estimated Changes for the Program and STRF</td>
<td>$74,548.00</td>
</tr>
</tbody>
</table>
* The cost of tuition, books, and materials and your total charges may increase or decrease based on the actual number of courses and credits required to complete this program. Accepted and applied transfer credits will decrease total tuition by the cost per credit hour stated above. The tuition rates shown in this agreement are based on the date you sign the Enrollment Agreement. A full listing of all University tuition pricing is listed on the program website. The University reserves the right to adjust tuition rates. Additional fees may apply depending on a student’s request for specific services.

**California Student Tuition Recovery Fund.** This assessment is based on the amount of institutional charges charged to the student and is an estimate. The final amount will be based on the actual amount charged to the student. The amount of the STRF assessment is set by California regulation 5 CCR § 76120. STRF fees are nonrefundable.

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**NON-MANDATORY FEES AND CHARGES THAT MAY BE APPLIED**
**BASED ON THE SERVICES REQUESTED BY THE STUDENT**

<table>
<thead>
<tr>
<th>Non-Mandatory Fees and Charges</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>$100.00</td>
<td>Nonrefundable</td>
</tr>
<tr>
<td>Commencement fee</td>
<td>$175.00</td>
<td>Nonrefundable</td>
</tr>
</tbody>
</table>

**FEES AND CHARGES FOR RETURNED CHECKS AND LATE PAYMENTS**

- Check Return Fee: $25.00 Nonrefundable
- Late Payment Fee: $100.00 Nonrefundable
TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE

The Dr. Pallavi Patel College of Health Care Sciences collects tuition on a per-class basis. Courses are generally 15 weeks long. Your tuition must be paid in full, or arrangements must be made and approved by the University, before each class. The charges for your next scheduled course will constitute total charges for the current period of enrollment, and will include the appropriate rate for the course based on the rates and fees listed above. That cost will consist of the tuition rate, multiplied by the number of credits for the course, plus any fees. The charges for each of those rates and fees are listed above.

CURRENT TERM BEGINS: January 7, 2019  
CURRENT TERM ENDS: May 5, 2019
**Student Enrollment Agreement**  
Master of Science in Speech-Language Pathology Program

<table>
<thead>
<tr>
<th>Main Campus</th>
<th>Instructional Location in California</th>
</tr>
</thead>
</table>
| Nova Southeastern University  
Dr. Pallavi Patel College of Health Care Sciences  
6100 Griffin Rd  
Fort Lauderdale, Florida 33314-4416  
[www.nova.edu](http://www.nova.edu) Phone: 954 262-7735 | Hilton Garden Inn  
2100 East Mariposa  
El Segundo, CA 90245-5002 |

**SECTION F: SIGNATURE**

Please note the following as calculated on the previous pages.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE</td>
<td>$4876.00</td>
</tr>
<tr>
<td>TOTAL ESTIMATED CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM</td>
<td>$74,548.00</td>
</tr>
<tr>
<td>TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT</td>
<td>$4876.00</td>
</tr>
</tbody>
</table>

(To be completed by the student): I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities as stated in this agreement and in Nova Southeastern University’s Dr. Pallavi Patel College of Health Care Sciences catalog and that the institution's cancellation and refund policies have been clearly explained to me. This agreement is not valid until I attend my first course or session of instruction. I understand that this is a legally binding contract.

Kristi Payne
Name

________________________________________  ______________
Student's Signature                      Date

________________________________________  ______________
Nova Southeastern University Representative Signature  Date
SECTION G: CALIFORNIA STUDENT TUITION RECOVERY FUND (STRF)

California Regulations require the following disclosures:

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

- You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and pre-pay all or part of your tuition either by cash, guaranteed student loans, or personal loans, and your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

- You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if either of the following applies:
  - You are not a California resident, or are not enrolled in a residency program, or
  - Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.

The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency program attending certain schools regulated by the Bureau for Private Postsecondary and Vocational Education. You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

- The school closed before the course of instruction was completed.
- The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
• The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.

• There was a material failure to comply with the Act or this Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.

• An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act. However, no claim can be paid to any student without a social security number or a taxpayer identification number.
SECTION H: STUDENT LOANS AND FINANCIAL AID

Degree-seeking students who are U.S. citizens or eligible noncitizens enrolled in an eligible academic program can apply for federal financial aid as a means of assisting with financing their education. Certificate programs may also be eligible for federal financial aid. If you are eligible for a loan guaranteed by the federal or state government and you default on the loan, both of the following may occur:

1. The federal or state government or a loan guarantee agency may take action against you, including applying any income tax refund to which you are entitled to reduce the balance owed on the loan.

2. You may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

If you obtain a loan to pay for an educational program, you will have the responsibility to repay the full amount of the loan, plus interest, less the amount of any refund. If you have received federal student financial aid funds, you are entitled to a refund of moneys not paid from federal student financial aid program funds. Students receiving federal financial aid have varying rights and responsibilities in accordance with the Borrower’s Rights and Responsibilities Statement, please contact Nova Southeastern University’s Financial Aid Office for additional information.

SECTION I: PAYMENT SCHEDULE

Nova Southeastern University collects tuition on a per-class basis. Courses are generally fourteen (14) weeks long. Your tuition must be paid in full, or arrangements must be made and approved by the University, before each class. If you withdraw from the University before completing your program, you will have no further financial obligation to the University beyond paying for courses completed or in process (in accordance with the “Refund Information” in Section K, below).
**SECTION J: STUDENT'S RIGHT TO CANCEL**

You have the right to cancel your enrollment and obtain a partial refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. To cancel your enrollment, you must submit a Student Transaction Form (STF) on or before January 14, 2019.

<table>
<thead>
<tr>
<th>Initials:</th>
<th>Date:</th>
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</thead>
</table>

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**Student Enrollment Agreement**  
Master of Science in Speech-Language Pathology Program

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[www.nova.edu](http://www.nova.edu) Phone: 954 262-7735 | Hilton Garden Inn  
2100 East Mariposa  
El Segundo, CA 90245-5002 |
SECTION K: REFUND INFORMATION

Students who wish to withdraw from the program or course must submit a written request for voluntary withdrawal to the dean or program director, who will evaluate the student’s request. After completing the required documentation and obtaining the dean’s or program director’s approval, an eligible student may receive partial credit of the tuition, according to the following formula:

- Drops during the first week of the semester in which classes begin ..........75 percent
- Drops during the second week of the semester in which classes begin ......No refund

The withdrawal period starts in the first week of the semester and ends three weeks prior to the end of the semester. Students who drop after the first week of the semester will not be entitled to receive a refund. Students may not be given refunds for portions of tuition paid by financial aid funds. As appropriate, the respective financial aid programs will be credited in accordance with federal regulations. Students should notify the Office of Student Financial Assistance prior to withdrawing to determine the effect this will have on financial aid. For complete withdrawals, please refer to the Return of Title IV Funds section of the student handbook.

Failure to comply with these requirements could jeopardize future receipt of Title IV student assistance funds at any institution of higher education the student may attend. If a student is due a refund, it will be mailed to the student’s address or deposited directly into his or her checking account as soon as the dean of the respective college has approved the withdrawal and the drop request has been processed. The tuition refund policy is subject to change at the discretion of the university’s board of trustees/the NSU administration. Changes to a semester’s registration will not be accepted 20 days after the semester ends.
SECTION L: NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at Nova Southeastern University is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the (degree or certificate) you earn in your program is also at the complete discretion of the institution to which you may seek to transfer. If the credits, degree, or certificate that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Nova Southeastern University to determine if your credits, degree, or certificate will transfer.

SECTION M: BUREAU FOR PRIVATE POSTSECONDARY EDUCATION CONTACT INFORMATION

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2435 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833; www.bppe.ca.gov; (916) 431-6959 (phone) or (888) 370-7589 (toll free); (916) 263-1897 (fax).

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (916) 431-6959 or (888) 370-7589 (toll free) or by completing a complaint form, which can be obtained on the bureau's Internet Web site www.bppe.ca.gov

Initials: ____________________ Date: ____________________
N: PROGRAM INFORMATION

Degree Completion Requirements:

- Successful completion of all required courses
- Successful completion of the required clinical experiences totaling a minimum of 400 supervised clinical contact hours (including 25 hours of clinical observation) as required for ASHA certification with experience across a diverse client base
- Cumulative grade point average of 3.0 or higher
- Successful completion of the required Capstone course
- Successful completion of the required portfolio
- Completion of the Praxis II Exam adopted by ASHA for the purpose of certification in speech-language pathology
- Completed application for degree and satisfaction of all Dr. Pallavi Patel College of Health Care Sciences and Nova Southeastern University financial obligations

The entire 52 credit program of study may be found in the catalog or on the program website at: [http://healthsciences.nova.edu/slp/master-speech-language-pathology.html](http://healthsciences.nova.edu/slp/master-speech-language-pathology.html)
ACADEMIC CATALOG ACKNOWLEDGEMENT

I have received access to the Nova Southeastern University’s Health Professions Division Academic Catalog during the admission application process. The catalog is also available on my student website (http://www.nova.edu/academics/course-catalog.html).

I understand the requirements for my course of study are detailed in the catalog and student handbook, which is considered part of this Enrollment Agreement. They contain admission and degree completion requirements; program objectives and length; tuition schedules; fees; and all policies, including those for cancellation or refund.

I understand that it is my responsibility to read and understand the contents of the catalog and that I should ask questions if I do not understand something in it or need further clarification.

Student Signature  Date
Student Enrollment Agreement
Master of Science in Speech-Language Pathology Program

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<td>Fort Lauderdale, Florida 33314-4416</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.nova.edu">www.nova.edu</a> Phone: 954 262-7735</td>
<td></td>
</tr>
</tbody>
</table>

Additional Program Information

- Expiration of Enrollment Agreement: You must begin the term coursework outlined in this enrollment agreement coursework within three months from the signature date or the enrollment agreement will expire.

- Transferability of Credit: Transferability of credit is at the discretion of the accepting institution. It is the student’s responsibility to confirm whether another institution will accept credits earned at Nova Southeastern University.

- Program Name on Diploma
  The diploma awarded for this program will read Master of Science in Speech-Language Pathology

Nondiscrimination Policy

Consistent with all federal and state laws, rules, regulations, and/or local ordinances (e.g., Title VII, Title VI, Title III, Title II, Rehab Act, ADA, and Title IX), it is the policy of Nova Southeastern University not to engage in any discrimination or harassment against any individuals because of race, color, religion or creed, sex, pregnancy status, national or ethnic origin, nondisqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, veteran status, or political beliefs or affiliations, and to comply with all federal and state nondiscrimination, equal opportunity, and affirmative action laws, orders, and regulations.

This nondiscrimination policy applies to admissions; enrollment; scholarships; loan programs; athletics; employment; and access to, participation in, and treatment in all university centers, programs, and activities. NSU admits students of any race, color, religion or creed, sex, pregnancy status, national or ethnic origin, non-disqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, veteran status, or political beliefs or affiliations, to all the rights, privileges, programs, and activities generally accorded or made available to students at NSU, and does not discriminate in the administration of its
educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

Initials: ___________________________ Date: ___________________________

California Right to Cancel Disclosure

STUDENT’S RIGHT TO CANCEL

You have the right to cancel your enrollment and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. To cancel your enrollment, you must submit a Student Transaction Form (STF).

X
Student Name

X
Student Signature Date