

ATI College

☐ Whittier Campus (Address where in-person instruction will be provided):

15141 Whittier Boulevard, Suite 420, California 90603

☐ LA Satellite Location (Address where in-person instruction will be provided):

3407 W. 6th Street, Suite 614, Los Angeles, California 90020

ENROLLMENT AGREEMENT

STUDENT INFORMATION

S-S-#:	
Student Name:	
Address:	
Home Phone:	
Student Mobile Phone:	
E-mail:	
DOB:	
DL-# or Passport#:	

PROGRAM/COURSE INFORMATION

Program Name:	
Length in Clock Hours:	
Length in Credit Hours:	
Total # of Months:	
Transferred Hours/Credits (if any):	
Total Program/Course Hours Enrolled:	
Period Covered by Enrollment Agreement:	<div style="display: flex; justify-content: space-between;"> <div>Program/Course Start Date:</div> <div>Expected Completion Date:</div> </div>
Award Upon Graduation:	

Class schedule (check one):	Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Morning:	8:30am-3pm	8:30am-3pm	8:30am-3pm	8:30am-3pm	8:30am-3pm
<input type="checkbox"/> Evening:	5:30pm-10:30pm	5:30pm-10:30pm	5:30pm-10:30pm	5:30pm-10:30pm	5:30pm-10:30pm

INSTITUTIONAL CHARGES

Tuition:		
Registration Fees (NON-REFUNDABLE): \$75: CA resident, \$150: Intl. Student; \$10: Veteran		
Books:		
Uniforms:		
STRF (NON-REFUNDABLE):		
Other Fees/Charges (List items & charges):		
Parking Permit (as of April 2021): \$50 first month & \$30/month (Whittier Campus), \$85/month (Los Angeles Location)		
Total:		
Tuition Discounts under Agreements with Third Party Funding Agencies (if any):	Third Party Funding Agency:	Third Party Agreement Received: <input type="checkbox"/> YES <input type="checkbox"/> NO (Scheduled receipt date):
Credit Amount (if any):		
Grand Total:		
Deposit:		
Remaining Balance after credits and deposit:		

ESTIMATED SCHEDULE OF PAYMENT FOR FINANCIAL AID RECIPIENT - stated aid is only an estimated amount; student remains responsible for incurred charges and remaining balance.

Payment Arrangement (Check all applied):

☐ Check/Cash
 ☐ Financial Aid
 ☐ Loan
 ☐ VA
 ☐ GAIN
 ☐ WIA
 ☐ Other

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*Note 1: The school reserves the right to change or modify the program/course start date, program/course tuition, contents, equipment, faculty and learning materials, as it deems necessary. Such changes may be necessary to keep pace with technological advances and to improve teaching methods or procedures. In no event will any such changes diminish the competency or content of any program/course or result in additional charges to the student.

*Note 2: ATI College is approved to offer distance educational programs and hybrid teaching methodology. The instructions offered online are in real time.

Student Tuition Recovery Fund (STRF): The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition. You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program. It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 North Market, Suite 225, Sacramento California 95834, (916) 431-6959 or (888) 370-7589. To be eligible for STRF, you must be a California resident or enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.

1. You were enrolled at an institution or a location of the institution within the 120 -day period before the closure of the institution or location of the institution or were enrolled in an educational program within the 120-day period before the program was discontinued.
2. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
3. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
4. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
5. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
6. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans. To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF. A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

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STUDENTS RIGHT TO CANCEL: The student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first-class session (first day of classes), or the seventh calendar day after enrollment (**seven calendar days from the date when enrollment agreement was signed**), whichever is later.

The notice of cancellation shall be in writing and submitted directly to the Financial Aid Office. A withdrawal may be initiated by the students written notice or by the institution due to student's academics or conduct, including, but not necessarily limited to, a student's lack of attendance.

Refund Policy: After the cancellation period, the institution provides a pro rata refund of **ALL** funds paid for tuition charges to students who have complete 60 percent or less of the period of attendance. Once more than 60 percent of the enrollment period in the entire course has elapsed (**including absences**), there will be no refund to the student. If the student has received federal student financial aid funds, the student is entitled to a refund of monies not paid from federal student financial aid program funds.

A registration fee of \$75.00 is a **non-refundable item**. Equipment, books, supplies, tools, uniforms, kits and any other items **issued and received by the student** would not be returnable. Once received by the student it will belong to the student and will represent a liability to the student.

If you cancel the agreement, the school will refund any money that you paid, less any deduction for registration fee and equipment received. If you withdraw from school after the cancellation period, the refund policy described above will apply. If the amount that you have paid is more than the amount that you owe for the time you attended, then a refund will be made within 45 days of the official withdrawal date. See Refunds section below. If the amount that you owe is more than the amount that you have already paid, then you will have to arrange with the institution to pay that balance. Official withdrawal date is on the student's notification or school's determination.

Determination of withdrawal from school: The withdrawal date shall be the last date of recorded attendance. The student would be determined to have withdrawn from school on the earliest of:

The date you notify the Financial Aid Office and/or Student Advisor's Office of your intent to withdraw. Only the two departments would be authorized to accept a notification of your intent to withdraw.
The date the school terminates your enrollment due to academic failure or for violation of its rules and policies stated in the catalog.
The date you fail to attend classes for a two-week period and fail to inform the school that you are not withdrawing.
The date you failed to return as scheduled from an approved leave of absence. The withdrawal date shall be the last date of recorded attendance. The date of the determination of withdrawal will be the scheduled date of return from LOA

Return of Title IV: Special note to students receiving Unsubsidized/Subsidized, PLUS FFELP or Direct Loan, Pell/SEOG grants or other aid if you withdraw from school prior to the completion of the equivalent to **60 percent** of the workload in any given payment period, a calculation using the percentage completed will be applied to the funds received or that could have been received that will determine the amount of aid the student earned. Unearned funds would be returned to the program in the order stated below by the school and/or the student. Student liability to loan funds will continue to be paid in accordance to the original promissory note terms. Funds owed by the student to the Grant programs are limited to 50% of the gross award per program received. Sample Calculation, completion of 25% of the payment period or enrollment period earns only 25% of the aid disbursed or that could have been disbursed. If applicable, this would be the first calculation to determine the amount of aid that the student would be eligible for from the Title IV Financial Aid programs. A second calculation would take place to determine the amount earned by the institution during the period of enrollment. If the student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur: (1) The federal or state government or a loan guarantee agency may take action against the student, including garnishing any income tax refund to which the person is entitled, to reduce the balance owed on the loan. (2) The student may not

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be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

Loans: If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

If the student has received federal student financial aid funds, the student is entitled to a refund of the moneys not paid from federal student financial aid program funds.

If the student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:

- The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
- The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

Course Cancellation: If a course is cancelled subsequent to a student's enrollment and before instruction in the course has begun, the school shall at its option: 1) Provide a full refund of all money paid; or 2) Provide for completion of the course at schools in the neighborhood.

School Closure: If the school closes subsequent to a student's enrollment and before instruction in the course has begun, the school shall at its option: 1) Provide a full refund of all money paid; or 2) Provide for completion of the course at schools in the neighborhood.

Notice Concerning Transferability of Credits and Credentials Earned at Our Institution: The transferability of credits you earn at ATI College is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate or degree you earn in the program of study is also at the complete discretion of the institution to which you may seek to transfer. If the certificate or degree that you earn at this institution is 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 ATI College to determine if your certificate or degree will transfer. ATI College offers more than one educational program, only the program in which the student is enrolling applies to this policy.

Disclaimer of Employment Guarantee: ATI College does not guarantee employment to any student. However, limited job placement assistance is provided to graduates at no additional charge. Upon graduation, the student's name is recorded in a placement register for the follow-up process. Placement assistance is providing by reviewing the listings of prospective employers seeking employees, their job requirements, salary, and other pertinent information. Students are referred to interviews and the results of these interviews are recorded in the placement register. The school may show prospective students this register upon request.

Credit Evaluation & Transfer: ATI College has not entered into an articulation or transfer agreement with any other college or university. ATI College does not award credit for prior experiential learning. Credit for courses taken at an accredited postsecondary institution may be accepted at ATI College if the following conditions are met:

1. An official transcript, or transcripts, accompanies the request which must be made prior to matriculation at the school.
2. All credits requested have been completed prior to matriculation. There is no accommodation for concurrent enrollment.
3. Students with degrees from international colleges and universities must submit an official translation of the transcript along with the request to transfer credits.
 - (a) Requests must be received prior to matriculation.
 - (b) Credits may be granted on a course-by-course basis.

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4. Students who have earned some postsecondary credits, but did not complete an academic associate's or bachelor's degree, may request transfer credit by submitting an official transcript along with the request. Credit may be granted on a course-by-course basis if:

- (a) Credit is applied for prior to matriculation.
- (b) Grades earned are "C" (2.0) or higher.
- (c) Courses fit into the appropriate equivalent categories/courses by ATI College at the time of application.

5. If the student has a technical degree or has earned some credits from a technical postsecondary institution, credit may be granted on a course-by-course basis if:

- (a) Credit is applied for prior to matriculation.
- (b) Grades earned are "C" (2.0) or higher.

I. The Process for Evaluation of Transfer Credit - Transfer credit must meet the expectations of the faculty and directors and must be appropriate to the program sought. Academic credit earned within ten (10) years prior to admission will be reviewed as to applicability to the present course of study. The admission reserves the right to require examinations or other proof of competence regardless of transfer credits listed on the student's records. It is not the policy of ATI College to impose redundant programs or requirements on any student. All transfer credits must be reviewed prior to the student's matriculation. Credits will not be accepted after the student has enrolled at the school. As much as fifty percent (50%) of the credits required for graduation from ATI College may be satisfied through transfer credit.

II. The Process for Establishing Equivalency of Transfer Credit - Transfer credit is accepted from postsecondary institutions authorized by appropriate legal authorities. Corporate or specialized training programs may be recognized as transfer credits as recommended by generally accepted national educational standards. Not all prior credit is applicable to credits earned at ATI College. Transfer credit must support the program. The designated Academic Affairs staff member will evaluate all transcripts and requests for credit to determine transfer credit acceptable to the school as meeting partial requirements for the program.

III. Administrative Position Responsible for Transfer Evaluation - The Program Director is the school administrator ultimately responsible for the transfer evaluation, though the Program Director may delegate individual evaluations to faculty members or academic staff.

Grievance Procedure: In the event, a student has a grievance, which cannot be resolved to his/her satisfaction with the student's immediate instructor; the student is to make his/her grievance known to the Institution's Director or in his/her absence to the Administrative Assistant, at 15141 Whittier Blvd., Suite 420, Whittier, CA 90603 (Tel. 562-864-0506). It is strongly recommended that all grievances be presented in writing. Student Services Department will also accept oral grievances. However, if the issue still is unresolved, a student or any member of the public may file a complaint with the Bureau for Private Postsecondary Education by calling (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.

Any questions a student or any member of the public may have regarding this catalog that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 1747 N. Market Blvd., Suite 225, Sacramento, CA 95834; PO Box 980818, West Sacramento, CA 95798-0818; www.bppe.ca.gov; Tel. (888) 370-7589 or (916) 574-8900; Fax. (916) 263-1897.

Schools accredited by the Accrediting Commission of Career Schools and Colleges must have a procedure and operational plan for handling student complaints. If a student does not feel that the school has adequately addressed a complaint or concern, the student may consider contacting the Accrediting Commission. All complaints reviewed by the Commission must be in written form and should grant permission for the Commission to forward a copy of the complaint to the school for a response. This can be accomplished by filing the ACCSC Complaint Form. The complainant(s) will be kept informed as to the status of the complaint as well as the final resolution by the Commission. Please direct all inquiries to: Accrediting Commission of Career Schools & Colleges 2101 Wilson Boulevard, Suite 302 Arlington, VA 22201 | (703) 247-4212 | www.accsc.org | complaints@accsc.org

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A copy of the ACCSC Complaint Form is available at the school and may be obtained by contacting complaints@accsc.org or at <https://www.accsc.org/StudentCorner/Complaints.aspx>.

Graduation Requirements: When a student has completed the graduation requirements of the course of study with a GPA (Grade Point Average) of "C" (70%) or better, student receives a program completion certificate or degree (whichever is appropriate) which confirms completion of appropriate program of study.

Dismissal Policy: College reserves the right to dismiss any student where academic, attendance, conduct standing, and/or financial obligations does not meet the school's satisfactory standards. Students who have been dismissed may be reinstated only upon approval of the school director after satisfying the requirements. All dismissals are determined on individual basis.

INSTITUTIONAL CHARGES	
<u>TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE:</u>	
<u>ESTIMATED TOTAL CHARGES FOR ENTIRE EDUCATIONAL PROGRAM/COURSE:</u>	
<u>TOTAL CHARGES STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT:</u>	

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 three-year cohort default rate, if applicable prior to signing this agreement. **Student Initial**

I certify that I have received the catalog, the 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. If I accept a student loan, I will be responsible to repay the full amount of the loan plus interest less any amount of any refund. 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 and that the institution's cancellation and refund policies have been clearly explained to me.

Student Signature

Institutional Representative Signature

Printed Name:	Printed Name:
Date:	Date:

This enrollment agreement is a legally binding document when signed by the student and accepted by the institution. 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 1747 North Market Blvd., Suite 225, Sacramento, CA 95834, www.bppe.ca.gov, toll-free telephone number (888) 370- 7589 or by fax (916) 263-1897. A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (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.

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REFERENCES & EMERGENCY CONTACTS**Must Provide 3 References (Name, Address & Phone Number)**

Reference 1:	
Name:	
Home Address:	City: Zip Code:
Phone Number:	
Relationship to Student:	Family Member

Reference 2:	
Name:	
Home Address:	City: Zip Code:
Phone Number:	
Relationship to Student:	Relative or Friend

Reference 3:	
Name:	
Home Address:	City: Zip Code:
Phone Number:	
Relationship to Student:	Relative or Friend

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ACKNOWLEDGMENT OF DISCLOSURES RECEIVED

I certify that I have received the disclosures listed below prior to signing the enrollment agreement.

- _____ Information sheet on the physical demands, employment opportunities, salary range, working conditions, safety hazards, and licensing requirements.
- _____ Assessment rates and Federal disclosures of completion and placement rates. If applicable, state exams passing rates.
- _____ A copy of the school's Catalog.
- _____ I confirm that prior to my enrollment, I physically visited the school, I had the opportunity to observe classes and other instruction; talk with students and instructors, and tour the facility.
- _____ I provided a copy of my High School diploma or its equivalency to the school prior to signing of my enrollment agreement. I have also taken and passed the school's admissions tests.

I certify that I have received the disclosures listed below, at the time of my actual enrollment and signing of my enrollment agreement.

- _____ I have received a completed copy of the enrollment agreement/contract, indicating all school charges and terms of payment to meet the cost of the course of study.
- _____ (If applicable), I have applied for a student loan. I have been advised of my obligation to repay any Federal, State, Private student loans I may receive, and acknowledge receipt of the completed loan application.

I certify that I have received the disclosures indicated below, on the first day of class.

- _____ Orientation Class.
- _____ Satisfactory Progress Policy.
- _____ Course outline for my course of study.

Student Signature	Date
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Institutional Representative	Institutional Representative	Institutional Representative
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Date	Date	Date
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CAMPUS SECURITY ACT DISCLOSURE STATEMENT

The Campus Security Act (Public Law 102-26) requires postsecondary institutions to disclose the number of instances in which certain specific types of crimes have occurred in any building or on any property owned or controlled by this institution which is used for activities related to the educational purpose of the institution and/or any building or property owned or controlled by student organizations recognized by this institution. In compliance with that law, the following reflects this institution's crime statistics for **YEAR 2019-2021**:

Crimes Reported	2019	2020	2021	Locations C=Campus N=Non-campus P=Public Area	* Hate Crime? (See note)
(i) Criminal homicide:	0	0	0	0	0
(A) Murder and non-negligent manslaughter	0	0	0	0	0
(B) Negligent manslaughter	0	0	0	0	0
(ii) Sex Offenses:	0	0	0	0	0
(A) Rape	0	0	0	0	0
(B) Fondling	0	0	0	0	0
(C) Incest	0	0	0	0	0
(D) Statutory Rape	0	0	0	0	0
(iii) Robbery	0	0	0	P	0
(iv) Aggravated assault	0	0	0	0	0
(v) Burglary	0	0	0	0	0
(vi) Motor Vehicle Theft	0	0	0	P	0
(vii) Arson	0	0	0	0	0
Arrest and referrals for disciplinary actions including:	0	0	0	0	0
(A) Arrests for liquor law violations, Drug law violations, and illegal weapons possession:	0	0	0	0	0
(B) Persons not included in 34 CFR 668.46(c)(1)(ii)(A) who were referred to campus disciplinary action for liquor law violations, drug law violations, and illegal weapons possession	0	0	0	0	0
Hate crimes: As listed under 34. CFR668.46 (c)(1)(i)	0	0	0	0	0
(A) Larceny-theft	0	0	0	0	0
(B) Simple Assault	0	0	0	P	0
(C) Intimidation	0	0	0	0	0
(D) Destruction, Damage or Vandalism of Property	0	0	0	0	0
(viii) Liquor law violations	0	0	0	0	0
New reporting as of 12/31/2022					
Incidents of sexual assault	0	0	0	0	0
Domestic Violence	0	0	0	0	0
Dating Violence	0	0	0	0	0
Stalking	0	0	0	0	0

The crime data reported by the institutions have not been subjected to independent verification by the U.S. Department of Education. Therefore, the Department cannot vouch for the accuracy of the data reported here. These data do not include incidents that: (a) took place off campus on public property immediately adjacent to and accessible from the Campus; (b) took place on a non-campus building or property owned or controlled by a student organization that is officially recognized by the institution; or (c) incidents at buildings/property owned or controlled by an institution but is not contiguous to the institution. For further information, see <http://ope.ed.gov/security>. Though this institution does not offer regularly scheduled crime awareness or prevention programs, students are encouraged to exercise proper care in seeing to your own personal safety and the safety of others. This institution does not permit the sale, possession or consumption of alcoholic beverages on school property and adheres to and enforces all state underage-drinking laws. In addition, the institution does not permit the possession, use or sale of illegal drugs by its employees and students and adheres to and enforces all state and Federal drug laws. The violations of these policies by students or employees may result in expulsion, termination and/or arrest. Information concerning drug and alcohol abuse education programs are posted at the campus and is distributed annually to students and staff.

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DRUG & ALCOHOL ABUSE POLICY STATEMENT

In accordance with the Drug-Free Workplace Act of 1988 (P.L. 100-690), the Drug-Free Schools and Communities Act of 1989 (P.L. 101-226) and 34 Code of Federal Regulation Part 85, Subpart F, this institution is committed to maintaining a drug-free workplace and a drug-free school. Drug and alcohol abuse can lead to liver, heart and other chronic diseases, low birth weight, birth defects and infant mortality in expectant mothers, and death. The unlawful manufacture, distribution, dispensing, possession or use of drugs, alcohol or other controlled substances at this institution is strictly prohibited. Students and employees are required, as a condition of enrollment and/or employment, to abide by this policy. To the extent allowed by local state and federal laws, this institution will impose disciplinary action against students and employees for violating these standards of conduct. These actions may include suspension, expulsion, termination of employment, referral for prosecution and/or required completion of a drug or alcohol rehabilitation or similar program. This institution, as required by federal regulation (34 CFR 85.635 and Appendix C), will report all employees convicted of a criminal drug offense occurring in the workplace to the U.S. Department of Education. Consistent with these same regulations, employees, as a condition of employment, are required to provide written notice to this institution of their conviction for a criminal drug offense occurring at the workplace within five (5) days after that conviction. In addition, students receiving Pell Grants who are convicted of a criminal drug offense during the period of enrollment for which the Pell Grant was awarded, are required by federal regulation to report that conviction in writing to the:

Director of Grants and Services
United States Department of Education
400 Maryland Avenue SW.
Room 3124, GSA Regional Office Bldg. #3
Washington, DC 20202-4571

The report must be made within 10 days after the conviction. In addition to institutional sanctions, students and employees convicted of the unlawful possession or distribution of illicit drugs or alcohol could face local, state and federal legal penalties which include the loss of eligibility for federal financial aid, fines, imprisonment and the seizure of drug related assets. Drug awareness programs, counseling, treatment, rehabilitation and other related services are available on an ongoing basis to students and employees of this institution through the Department of Public Safety at (562) 929-5732. Should you require any of the following services or have any questions regarding the Department of Public Safety and their functions:

<ul style="list-style-type: none">• Community Service Worker Program• Curfew Enforcement Program• Family Intervention Team• Gang & Drug Abatement• General Law Enforcement and Public Safety Information• Inoperative or Abandoned Vehicle Abatement Program• Mobile Law Enforcement Trailers• Multi-Agency Youth Task Force• Neighborhood & Business Watch Programs• Parental Responsibility Ordinance• Parenting Skills Classes• School Based Partnership Program at Corvallis Middle	<ul style="list-style-type: none">• Parking Control Program• Public Safety Commission• Public Safety Reserve Officer and Explorer Cadet Program• Safe Housing and Property Enhancement Program (S.H.A.P.E.) (The City's anti-trespassing program)• School Safety Programs• Sheriff Liaison Lieutenant• Special Probation Services• Street Sweeping• School & Norwalk High Youth & Family Counseling Referrals
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Students and employees seeking assistance in overcoming a drug or alcohol related problems are encouraged to contact below organizations for appropriate counseling services:

Ness Counseling Center	(562) 776-9495	8347 Eastern Ave, Bell Gardens, CA
Compton Special Svc Center	(310) 605-5693	404 N Alameda St, Compton, CA
Family Restoration Alcohol	(562) 644-5730	11816 Pennsylvania Ave, South Gate, CA
LA Centers for Alcohol & Drug	(562) 906-2676	11015 Bloomfield Ave, Santa Fe Springs, CA
Mela Counseling Svc Center Inc	(323) 721-6855	5723 Whittier Blvd, Los Angeles, CA
Drug & Alcoholism Treatment	(562) 570-4440	1133 E Rhea St, Long Beach, CA
Atlantic Recovery Services	(562) 436-3533	644 W 5th St, Long Beach, CA
Whittier Counseling Center	(562) 236-2090	7348 Painter Ave, Whittier, CA
Aegis Medical Systems Inc	(562) 946-1587	14240 Imperial Hwy, La Mirada, CA

This institution continues to make a good faith effort to provide a school and workplace free from the illicit use, possession or distribution of drugs and alcohol.

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COURSE MATERIALS & TOOL RECORD

STUDENT INFORMATION	
S-S-#:	
Student Name:	
Program Name:	

TEXTBOOKS, REFERENCES, TOOLS	DATE ISSUED	STUDENT INITIAL CONFIRM RECEIPT
Medical Terminology for Health Professions (Terminology class)		
Sonography, Introduction to Normal Structure and Function (Reference)		
Workbook and Lab Manual for Sonography: Introduction to Normal Structure and Function (Reference)		
Ultrasound Scanning Principles and Protocols (Reference)		
Understanding Ultrasound Physics (Physics class)		
Obstetrics and Gynecology (OB/GYN class)		
Abdomen and Superficial Structures (Abdomen class)		
Introduction to Vascular Ultrasonography (Vascular class)		
Clinical Echocardiography (Echo 1AB & 2AB classes)		
Echocardiographer's Pocket Reference (Echo reference)		
Uniforms		

IMPORTANT NOTICE TO ALL STUDENTS: All course materials and tools are non-refundable/non-returnable if purchased. Course materials and tools which are included in student tuition will be assessed if the terms and conditions of the original agreement are altered. For example, if student cancels enrollment, fees for the course materials & tools will be assessed at the pro-rata calculation.

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-

NOTICE OF CANCELLATION

(First Day of Class)

Refund Policy: After the cancellation period, the institution provides a pro rata refund of **ALL** funds paid for tuition charges to students who have complete 60 percent or less of the period of attendance. Once more than 60 percent of the enrollment period in the entire course has elapsed (**including absences**), there will be no refund to the student. If the student has received federal student financial aid funds, the student is entitled to a refund of monies not paid from federal student financial aid program funds.

A registration fee of \$75.00 is a **non-refundable item**. Equipment, books, supplies, tools, uniforms, kits and any other items **issued and received by the student** would not be returnable. Once received by the student it will belong to the student and will represent a liability to the student.

If you cancel the agreement, the school will refund any money that you paid, less any deduction for registration fee and equipment received. If you withdraw from school after the cancellation period, the refund policy described above will apply. If the amount that you have paid is more than the amount that you owe for the time you attended, then a refund will be made within 45 days of the official withdrawal date. See Refunds section below. If the amount that you owe is more than the amount that you have already paid, then you will have to arrange with the institution to pay that balance. Official withdrawal date is on the student's notification or school's determination.

To cancel the agreement for school, mail or deliver a signed and dated copy of this cancellation notice, or any other written notice, or send via email to: info@ati.edu. You may submit a written notice in person to: ATI College at 15141 Whittier Blvd., Suite 420, Whittier, CA 90603.

NOT LATER THAN _____

[The first class session (first day of classes), or the seventh day after enrollment (seven days from date when enrollment agreement was signed), whichever is later]

I cancel the contract for school on _____ (date).

STUDENT NAME (PRINT)

(Student Signature)

(Signature in this area represents cancellation of agreement)

REMEMBER, YOU MUST CANCEL IN WRITING. You do not have the right to cancel by just telephoning the school or by not coming to class.

Student Initial _____

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CAREER SERVICES AGREEMENT

Student Name: _____

Program Name: _____

Assistance from the Career Services Department is extended to all ATI College students and Graduates. In order to maximize the assistance to the fullest extent, it is important to establish a cooperative agreement between you, the student and the Career Services Department. I also agree to the following responsibilities:

1. I will provide an up-to-date copy of my resume and cover letter to the Career Services Department (in Microsoft Word format) for comments and suggestions.
2. I will research job opportunities and follow up on job leads and related information provided by the Career Services Department by making telephone calls, sending out my resume and appearing on time to scheduled appointments.
3. I understand that it is my responsibility to always use good judgment when dealing with a potential employer.
4. I will inform the employer and the Career Services Department in the event that I am unable to attend a scheduled job interview at least 2 hours prior to the appointment time.
5. I will maintain regular contact with the Career Services Department.
6. I hereby grant the Career Services Department permission to release information about me, including my resume, cover letter, dates of attendance and other pertinent information to a prospective employer for the purpose of obtaining employment in my field of study.
7. I will inform the Career Services Department whenever I have a job interview as soon as possible.
8. I will notify the Career Services Department when I obtain employment so that the Department can obtain the necessary employment information. I will also provide The Department with up-to-date information regarding my employment, including company name, dates of employment, salary and job title.
9. I hereby grant my current and future employer's permission to release to the Career Services Department information regarding my employment.
10. I will keep the Career Services Department advised of any changes to my contact information including my telephone number, address, employment or any other circumstances that might impact my availability for employment.
11. I understand that ATI College does not guarantee employment or wages.

Student Signature: _____

Date: _____

Student Initial _____

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STUDENT BACKGROUND & MEDICAL DISCLOSURE FOR STUDENTS ENROLLING IN ATI COLLEGE MEDICAL/ALLIED HEALTH PROGRAMS

Student Name: _____ Admissions Representative: _____

Program Start Date: _____ Program/Course Name: _____

STUDENT BACKGROUND

Most companies that hire our externs and graduates conduct detailed background checks before hiring applicants. The questions below are common part of these background checks. This information will not be used in making admissions decisions, to retract admissions offers or any other means that may affect your enrollment or education at ATI College. This form is used by the College to advise prospective students about their prospect extern-sites and/or for employment upon completion of study, in light of this background check which may be conducted by some employers seeking to hire ATI students/graduates. The final decision about whether to enroll is up to applicants.

We expect honest answers from all applicants at all times. Providing inaccurate or incomplete information on this form may result in cancellation of student enrollment.

1. Have you had any driving violations in the past five years? ☐ Yes ☐ No (If answered Yes, please proceed; If No, skip to question 2 then proceed)

What kind of violation(s) have you had?

☐ Speeding – how many?

Date of last infraction: _____

☐ DUI/DWAI – how many?

Date of last infraction: _____

☐ Driver's License Suspension

Date of reinstatement: _____

(You must satisfy outstanding citations prior to starting school. Outstanding citations from any states can cause you to have a pending bench warrant that can lead to revoke of driver's license. Driver's license may be required to obtain employment)

2. Have you ever been convicted of a crime? ☐ Yes ☐ No (If Yes, please proceed; if No, please skip to Question #7)

3. If Yes, did your conviction occur within the last ten years? ☐ Yes ☐ No

4. Have you ever served probation? ☐ Yes ☐ No

Dates served: _____

☐ misdemeanor ☐ felony

5. Have you ever been convicted of a sex offense? ☐ Yes ☐ No

6. Have you served a term of incarceration? ☐ Yes ☐ No

Dates served: _____

Description of sentence: _____

MILITARY

7. Were you discharged from the U.S. military under any condition other than Honorable? ☐ Yes ☐ No

If Yes, state the type of discharge: _____

MEDICAL

8. Do you have hepatitis? ☐ Yes ☐ No

9. Have you been tested positive for hepatitis? ☐ Yes ☐ No

10. Have you been tested positive for tuberculosis? ☐ Yes ☐ No

11. Have you been test positive for HIV? ☐ Yes ☐ No

12. Do you have permanent physical disability(ies) which may prevent you from gaining a full-time work? ☐ Yes

☐ No If Yes, please briefly explain condition of disability(ies): _____

DISCLAIMER OF EMPLOYMENT GUARANTEE

While the school offers Placement Assistance, the school cannot, in anyway, guarantee employment after the student has successfully completed the program of study.

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You are required to read and initial the following statement:

I understand that depending upon my background and medical information as provided above, ATI College is limited in its ability to assist me with externship and/or employment during and after completion of my study.

Applicants who have been convicted of a felony, violent and/or drug related crime and adverse medical history are strongly discouraged from enrolling in programs offered by ATI College medical/allied health department (programs including but not limited followings: ultrasound technology, medical assisting/billing, echocardiography).

Student initial

I have read and understood the contents of *Student Background & Medical Disclosure for Students Enrolling in the ATI Medical/Allied Health Programs*.

Student Name Print: _____

Signature: _____

Date: _____

Student Initial _____

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INSTITUTIONAL CERTIFICATION OF ADMISSION

STUDENT INFORMATION	
S-S-#:	
Student Name:	
Program Name:	

The student named in this document has been admitted as a regular student based on the following documented procedures:

Entrance Test

Test administered: Wonderlic Basic Skills Test
Name of Test Proctor determined score (Pass/Fail)

Test administered: PROCTOR
Name of Proctor administering the test Title Date test administered

Copy of entrance test is in student's file? ☐ YES ☐ NO

Prior Education

☐ Student has completed U.S. High School (if required for admission) or its equivalent.

Copy of U.S. High School Diploma/Degree or its equivalent is in the student's file? ☐ YES ☐ NO

Date when the student became eligible for Title IV Aid

Student took and passed the GED test on _____ (date)

As of the date above, has the student completed the first payment period? ☐ Yes ☐ No

FOR SCHOOL USE ONLY:

Funding source:

☐ Check/Cash ☐ Financial Aid ☐ Loan ☐ VA ☐ GAIN ☐ WIA ☐ Other:

☐ Accepted for Admission

☐ Denied Admission

The student was accepted or denied admission based on the following reasons:

School Official Signature

Date

Student Initial _____