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| --- |
| Institution (legal) nameInstitution operating nameMailing address, telephone number and email address for location of program |
| [Institution Name] is [registered/interim designated/designated] by the Private Training Institutions Branch (PTIB)[Program Name] Does Not Require Approval and was not reviewed by PTIB |
| **STUDENT INFORMATION** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Last Name |  | First Name  |
|  |
| Mailing Address  |
|  |  |  |
| Student Telephone Number |  |  Student Email Address  |
|  |

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| --- |
| PROGRAM INFORMATION |

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| --- |
|  |
| Program Title |
|  |  |  |  |  |  |  |
| Hours of Instruction during Contract Term |  | Program Duration in Weeks |  | Contract Start Date |  | Contract End Date |
|  |
| Program Delivery Method(select all that apply) |  | [ ]  In-class |  | [ ]  Distance |  | [ ]  Combined |
|  |  |  |  |  |  |  |
| Language of Instruction:  |  |  |
|  |  |  |
| **PROGRAM OUTLINE** |
| **Insert Program outline here (if available).**  |
| **PROGRAM COSTS** |
| Total tuition payable during contract term | $  |  |
| List application fee, assessment fee, administrative fee, and fees for course materials separately.  | $  |  |
| **TOTAL PROGRAM COSTS** | **$** |  |

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| --- |
| REFUND POLICY |
| **If tuition is less than $4,000:**Insert the institution’s tuition policy. If there is no refund, the contract should make that clear.**Insert the following tuition refund policy if tuition is $4,000 or more AND the program is not solely provided through distance education:** The institution will refund 100% of the tuition and all related fees, other than application fees, if both of the following apply**:*** The student does not attend the program, and
* The institution receives from the student a notice of withdrawal or a copy of refusal of a study permit no later than 30 days after the later of:
1. the start date of the program in the most recent Letter of Acceptance
2. the start date of the program in the enrolment contract.

The refund will be paid within 30 days of the date the institution receives the notice of withdrawal or copy of study permit refusal.  |
| **PRIVATE TRAINING INSTITUTIONS BRANCH** |
| The program listed in this student enrolment contract does not require approval by the Private Training Institutions Branch of the Ministry of Post-Secondary Education and Future Skills. As such, PTIB did not review this program. Students may not file a claim against the Student Tuition Protection Fund in relation to this program.This institution is certified by the Private Training Institutions Branch (PTIB). For more information about PTIB, go to [www.privatetraininginstitutions.gov.bc.ca](http://www.privatetraininginstitutions.gov.bc.ca).  |
| **STUDENT SIGNATURE** |
|  |
| Student Signature |  | Date Signed |
|  |
| Signature of Parent or Legal Guardian |  | Date Signed |
| **INSTITUTION SIGNATURE** |
|  |  |  |
|  |
| Signature of Institution Representative |  | Date Signed |
|  |