



ONLINE REGISTRAR'S OFFICE
550 West Van Buren, 7th Floor
Chicago, IL 60607
Tel: 312-777-6333

ADMISSIONS DEPARTMENT
6301 Kaplan University Avenue
Fort Lauderdale, FL 33309
Tel: 866-527-5268 (Toll Free)
Tel: 954-515-4700
Fax: 888-887-6494

Online Programs Enrollment Agreement — Undergraduate

This entire form must be completed and submitted as part of your Kaplan University record and should be faxed to your Admissions Advisor's e-fax number. Please print legibly.

Personal Information

NAME: _____ PREVIOUS NAMES (if applicable): _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 SOCIAL SECURITY #: _____ ARE YOU A VETERAN? YES NO
 HOME TELEPHONE: _____ WORK TELEPHONE: _____
 CELL PHONE: _____ FAX: _____ EMAIL: _____
 KAPLAN EMPLOYEE? YES NO DIVISION OF KAPLAN: _____ WORK LOCATION: _____

Educational Background

High school graduation or its equivalent is a requirement for admission to Kaplan University. The Proof of Graduation Attestation form must be completed as part of your enrollment packet.

COLLEGE: _____ DATES ATTENDED: _____
 CITY: _____ STATE: _____ ZIP: _____
 COLLEGE: _____ DATES ATTENDED: _____
 CITY: _____ STATE: _____ ZIP: _____

Programs

ADVANCED START BACHELOR OF SCIENCE IN _____
 BACHELOR OF SCIENCE IN _____
 ASSOCIATE OF SCIENCE IN _____
 ASSOCIATE OF APPLIED SCIENCE IN _____
 CERTIFICATE IN _____
 EMPHASIS AREA (if applicable): _____ LENGTH IN CREDIT HOURS: _____
 START DATE: _____ EXPECTED GRADUATION DATE: _____

Financial

A minimum deposit of \$95.00 is required at the time of enrollment to secure your place in class. If you begin classes, the deposit will be credited to your first quarter's tuition. *The deposit is refundable for first-term students and only if cancellation of enrollment is received by the University seven days prior to the start of the term.* If eligible, the refund will be processed within 30 days upon receipt of the cancellation notice. All students are required to pay a \$75.00 technology fee per term. The current tuition for your program will be \$_____ per credit hour. The tuition per credit hour is subject to change. Tuition and fees are subject to change with 30 days of notice. This amount does not include costs incurred due to program changes or repeated classes, fundamental courses, or multiple emphasis areas. Students outside the United States or U.S. Territories will be responsible for the cost and the shipment of instructional materials including returns and payment of customs duties or fees.

If applicable, your payment schedule is itemized on the Educational Installment Contract.

Graduation Requirements

The candidate for graduation must:

1. Complete all requirements for his or her program of study within the maximum time frame permitted and attain a CGPA for the program as defined in the University catalog,
2. Return all property belonging to the University, and
3. Fulfill all financial obligations to the University prior to graduation and attend graduate and financial aid exit interviews, if applicable.

Refund Policy

Applicants not accepted by the University shall be entitled to a refund of all monies paid.

CANCELLATION OF ENROLLMENT AGREEMENT: You may cancel your Enrollment Agreement without any penalty or obligation if requested in writing and delivered to the University management within three business days after signing the Agreement.

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Initials

NOTICE TO STUDENTS: If you withdraw from the University up through the 60 percent point in any payment period and received federal financial aid in the form of grant or loan funds, federal law requires that the University, and in some cases, you, the student, return funds you did not earn to the U.S. Department of Education. The amount of federal financial aid that you have earned is computed by (1) determining the percentage of the payment period for which federal financial aid was awarded and completed, and (2) multiplying such percentage by the total amount of federal financial aid that was, or could have been, disbursed on your behalf for the payment period as of the date you withdrew. After the 60 percent point in the payment period, you will have earned 100 percent of the federal financial aid funds already disbursed to you. This calculation concerning federal financial aid is separate and distinct from the institutional refund policy and may result in your owing additional funds to the University to cover tuition charges previously paid by federal financial aid prior to your withdrawal. If you plan to withdraw from the University, please contact your financial aid or business office to determine the amount of funds, if any, that must be returned on your behalf.

WITHDRAWAL AFTER COMMENCEMENT OF CLASSES: The effective withdrawal date for a student shall be when any of the following occur:

1. The date the student notifies the University of withdrawal or the date of withdrawal, whichever is earlier,
2. The beginning date of any term in which a student fails to start classes,
3. The first business day following any 21 consecutive calendar days of absences (excluding scheduled breaks),
4. The date when the University terminates the student's enrollment, or
5. The date that the student is scheduled to return from a leave of absence and fails to do so.

All refunds due will be made within 30 days of the student's effective withdrawal date. The last date of actual participation (login) is used in calculating any refund amount. Students who are continuing or restarting their enrollment at the University are subject to the Kaplan University Refund Policy. Under this policy, the percentages of refundable charges are as follows:

Students Withdrawing	Refund
Prior to the first day of the term	100% Tuition
During the first 6 calendar days of the first term (first-time students only)	100% Tuition
During the first day through 10% of the term	90% Tuition*
After more than 10% and through 25% of the term	50% Tuition*
After more than 25% and through 50% of the term	25% Tuition*
After more than 50% and through 100% of the term	0% Tuition

*Less \$100 Administrative Fee.

The University reserves the right to postpone or change the date or time when any class is offered.

In case of prolonged illness, accident, death in the family, or other circumstances that make it impractical to complete the program, a refund that is reasonable and fair to both parties shall be made.

Additional Conditions

1. The University will not deny admission because of race, color, religion, ancestry, national origin, age, nondisqualifying disability, gender, sexual orientation, marital status, or veteran status.
2. This agreement, its addenda, and its attachments constitute the complete agreement between the University and the student, and no verbal statements or promises will be recognized or enforced.
3. The University does not imply, promise, or guarantee transferability of earned credits to any other institution.
4. The University has the right, at its discretion, to make reasonable changes in program content, materials, schedules, sequence of courses in programs, or locations in the interest of improving the student's education, or where deemed necessary due to industry changes, academic scheduling, or professional requirements. The University is required to make changes in programs or policies when ongoing federal, state, or accrediting changes affect students currently in attendance.
5. The University does not provide health services for students.

Signatures

Any controversy or claim arising out of, or relating to, this agreement, or breach thereof, no matter how pleaded or styled, shall be settled by arbitration in accordance with the Commercial Rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction.

My (our) signature(s) below certifies that I (we) have read the two pages of this Enrollment Agreement and understand and agree to my (our) rights and responsibilities, and that the University's cancellation and refund policies have been clearly explained to me (us). I (we) understand that this agreement is a legally binding agreement, and with my (our) signature(s) certify that I (we) have received and read an exact copy of this agreement and the University Catalog. I (we) further acknowledge that no oral statements have been made to me (us) contrary to what is contained in this Enrollment Agreement.

Signature of Applicant X Date X

Signature of Parent or Guardian (if applicant is under 18) X Date X

- BUYER'S ACKNOWLEDGEMENTS:**
- X (Please Initial) I acknowledge and understand that I will be held responsible for the terms and conditions therein.
 - X (Please Initial) A copy of this enrollment agreement may be obtained from my Admissions Advisor.
 - X (Please Initial) An electronic copy of the University Catalog is available at www.kaplan.edu/ku/downloads.

As an authorized official of Kaplan University's Admissions Department, I have interviewed the applicant and certify that, according to my judgment, the applicant does meet the admissions requirements and standards of the University, and I recommend acceptance as a student. I further state that I have made no verbal statements or promises to the applicant contrary to the terms set forth in this Agreement.

Kaplan University Authorized Representative Signature _____ Date _____

Name (Please Print) _____



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R.N. to B.S.N. Degree Completion Program Attestation

Please note: In order to attend Kaplan University, all R.N. to B.S.N. degree completion program students must acknowledge, adhere, and attest to the following admissions requirements, policies, and disclosures. The following form should be completed, signed, and faxed to your Admissions Advisor's e-fax number. This form must be completed and submitted as part of your Kaplan University record.

Please Print Legibly

I, _____, have applied for admission as a student at Kaplan University.
(NAME)

I understand that one of the requirements for admission to the Bachelor of Science in Nursing (B.S.N.) program at Kaplan University is a cumulative GPA of 2.5 or above from all previous coursework.

I understand that even if I attest to having the required GPA of 2.5, Kaplan University must still receive my official transcripts by the last calendar day of my first term.

I understand that if my official transcript is not received by Kaplan University by the last calendar day of my first term, I will not be allowed to start the second term. I understand that all Title IV financial aid must be refunded to the appropriate source, and that I will be responsible for paying all amounts owed to Kaplan University directly.

I understand that if my official transcripts reflect a GPA of less than 2.5 my continued enrollment in the B.S.N. program is subject to approval by the Associate Dean of the School of Nursing. If that approval is not granted, I will be deemed inadmissible and any and all financial aid that was disbursed on my behalf must be refunded to the appropriate source, and I will be responsible for payment of the funds to the original source or to Kaplan University.

I understand that one of the requirements for admission to the B.S.N. program is that I must provide documentation of a current, unencumbered license to practice as a registered nurse in at least one state of the United States, including the state where my clinical practicum will be completed.

I understand that even if I attest to having the required current, unencumbered license to practice as a registered nurse, I must still provide documentation of such unencumbered license to Kaplan University by the last calendar day of my first term.

I understand that if I fail to provide documentation of such unencumbered license, I will be deemed inadmissible and any and all financial aid that was disbursed on my behalf must be refunded to the appropriate source, and I will be responsible for payment of these funds to the original source or to Kaplan University.

I understand that one of the requirements for admission to the B.S.N. program is that I am currently actively working as a nurse in at least one U.S. state, or in the military, or that I have worked as a nurse for at least 1,000 hours in the three years prior to enrollment.

I understand that one of the B.S.N. program policies for continuing enrollment requires me to submit proof of current cardiopulmonary resuscitation (CPR) certification by the end of the first term. I understand that failure to submit appropriate CPR documentation in a timely fashion may result in dismissal from Kaplan University's B.S.N. program.

I understand that one of the B.S.N. program policies for continuing enrollment requires me to submit proof of student nurse professional liability insurance coverage in the amount of at least \$1 million per incident /\$3 million aggregate by the end of the first term. I understand that failure to submit appropriate documentation evidencing proof of such insurance in a timely fashion may result in dismissal from Kaplan University's B.S.N. program.

I acknowledge that I have received a copy of the Kaplan University School of Nursing Student Handbook, available at www.kaplan.edu/ku/downloads.

Kaplan University has disclosed, and I understand that: Kaplan University is regionally accredited by The Higher Learning Commission of the North Central Association of Colleges and Schools (NCA). The Bachelor of Science in Nursing program has interim approval from the Iowa Board of Nursing. This program is currently seeking national accreditation and will be reviewed by the Commission on Collegiate Nursing Education (CCNE).

If, for any reason, this attestation is found to be false or untrue, I understand that I will be subject to immediate dismissal from the University, all credits I have earned will be invalidated, and the University may take all other appropriate actions.

Furthermore, I understand that if this attestation is found to be false or untrue, all Title IV financial aid or any state or institutional financial aid that was disbursed on my behalf must be refunded to the appropriate source, and that I will be responsible for payment of these funds to the original source or to Kaplan University, if the University is required to and has refunded such funds on my behalf.

By signing my name below, I attest that the information I have provided is true and correct to the best of my knowledge. I understand and agree to the requirements, policies, and disclosures hereunder.

Signature X

Date X



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Statement Regarding Credit Balances

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STUDENT'S NAME _____ SOCIAL SECURITY # _____

I am aware that when my current tuition, fees, and other allowable charges have been paid, my account will have a credit balance. I am requesting that the balance be handled in the following manner (check all that apply):

- The University should retain any existing credit balance on my account to be applied to allowable future charges to assist me in managing those funds or to be disbursed to me at my request.
- The University should retain any existing credit balance (created by Federal PLUS or Federal Direct PLUS loan proceeds) on my son or daughter's account to be applied to allowable future charges to assist in managing those funds or to be disbursed to my son or daughter at their request.
- In the event that I do not request the funds prior to leaving school, the University should return the credit balance to the lender as payment on my student loan.

Student/Parent Certification

I/We understand that the University will retain any interest earned on the credit balance while the school is holding these funds.

I/We may rescind this authorization to retain the credit balance at any time during the student's attendance in the program.

I/We understand that the University may consider this authorization to be in effect throughout the student's award year or period of enrollment unless rescinded by the student/parent.

Student X _____
 (Signature required)

Date X _____

Parent X _____
 (Signature required to retain PLUS proceeds)

Date X _____