



NUTRITION THERAPY INSTITUTE, INC.

1510 York Street, Suite 204
Denver, CO 80206

**NUTRITION
THERAPY
INSTITUTE**

ENROLLMENT AGREEMENT

Master Nutrition Therapy Program

Please complete, print, initial each page, sign and return the entire document to NTI

GENERAL INFORMATION

Name _____ Phone _____

Address _____
Street City State/Province Zip

E-Mail _____ SSN _____

Prerequisite: Certified Nutrition Therapy Program 305 hours

Master Nutrition Therapy Program 339 hours

Total program hours: 644

Educational Credential: Diploma as a Master Nutrition Therapist

Effective date _____ (mm/dd/yyyy) Start date of class _____

(Date signed. This field is required.)

Classroom and Distance Learning _____ Distance Learning Only _____

Payment options: ___ Credit Card ___ Payment Plan ___ Check (Check all that apply)

RELATIVE / EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____

Address _____
Street City State/Province Zip

Student Initials: _____

AGREEMENT

This agreement is made this _____ day of _____, 20__, by and between the Nutrition Therapy Institute, Inc., located at 1510 York Street, Suite 204, Denver, CO 80206, hereafter referred to as the "Institute" and (name) _____, whose address is noted on page one of this document, hereafter referred to as "Student".

The Institute and the Student desire to enter into an enrollment agreement and to set forth the terms thereof in writing for courses in the Master Nutrition Therapy program

This agreement expires one year from the effective date noted on page 1. If the student does not complete the program within this one year period, a new enrollment agreement must be signed. If the tuition has changed, the new agreement will reflect that change and the student will be required to pay the new tuition amount.

By signing this agreement, the Student agrees to pay the Institute the tuition stated for each course for which the Student registers. The Institute agrees to provide the occupational training in accordance with the provisions of the Catalog dated 2016-2017. Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic requirements and when all financial obligations to the Institute have been met, the Institute will award to the Student the diploma of Master Nutrition Therapist. The Student and the Institute understand that this enrollment agreement, which includes the Refund Policy, may not be amended except in writing signed by the student and the Director of the Nutrition Therapy Institute or her designee.

Once an enrollment agreement has been signed, students must be continuously taking classes. If a student is taking the program in the classroom, he/she must take at least one class per term. If a student is taking classes distance learning, must she/he must register for the next course within three weeks of completing the prior course.

The student may cancel this contract at any time prior to midnight of the third business day after signing if cancellation is before the start date of the course for which the student is registered.

REGISTRATION IN CLASSROOM AND DISTANCE COURSES

Students will not be registered in a course until payment is made or a signed payment plan is in place. In the event that the class is full, students have the option of waiting until the class is taught again or taking the class online. If a student wishes to transfer from a classroom to distance learning for an individual course, the student may do so before the start of the classroom course without penalty. If this request is made after the start date of the course, a \$150 change fee is charged.

Students taking classroom courses must register for the first term following the Effective Date of the enrollment agreement. Students taking distance program courses must begin their first class within 30 days of the Effective Date.

Student Initials: _____

CLASSROOM POLICY

Although Nutrition Therapy Institute has consistently offered courses in the classroom without interruption and intends to continue to do so, classroom courses are not guaranteed. If classroom training becomes unavailable at any point during your enrollment at NTI, classes will be offered in the distance program as homestudy. If a course is cancelled in the middle of a term, the student will receive a full refund. This provision shall not apply in the event that the school ceases operation.

REFUND POLICY

Cancellation: A student may cancel the registration for a course before the start date with no penalty and a full refund of all monies paid to date. He/she must notify NTI by phone or email before the start date for the course. A Course Cancellation-Refund Request form must be also be completed, which is available from the office.

In the event the school accepts credits from another school, the granting of credit for previous training shall not impact the refund policy.

Withdrawal: When a student decides to withdraw from a course after the start date, whether the student is present in the classroom or has done any work on the course or not, the Colorado Department of Private Occupational Schools Refund Policy applies. See Refund Table below. In addition, a \$150.00 cancellation fee will be charged. The student must complete the Course Cancellation-Refund Request form, which is available from the office. Refunds shall be determined by the date on which NTI is notified to be the student's last date of actual attendance.

All refunds will be sent within 30 days of receiving the Course Cancellation form at NTI. Tuition refunds charged to a credit card will be credited back to the same credit card; tuition paid by a sponsoring agency will be refunded to the agency, less applicable fees.

REFUND TABLE

Refunds are granted in accordance with state regulations upon withdrawal/termination:

- ◆ Within the first 10% of the program, 90% less cancellation fee
- ◆ After 10% but within first 25% of program, 75% less cancellation fee
- ◆ After 25% but within first 50% of program, 50% less cancellation fee
- ◆ After 50% but within first 75% or program, 25% less cancellation fee
- ◆ After 75%, no refund, no cancellation fee.

COMPLAINTS

Attempting to resolve any issue with the School first is strongly encouraged. Student complaints may be brought to the attention of the Division of Private Occupational Schools online at <http://highered.colorado.gov/dpos> , 303-862-3001. There is a two-year statute of limitations from student's late date of attendance for a student to file a complaint with the Division.

Student Initials: _____

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PROGRAM TUITION AND FEES FOR CLASSROOM AND DISTANCE LEARNING

Application Fee	\$75
Certified Nutrition Therapy Practitioner (Foundation Courses)	
15-Week Courses	
Anatomy & Physiology	\$1110
Biochemical Foundations of Nutrition	\$1110
Nutrients: The Building Blocks	\$1110
Nutrition Therapy in Practice	\$1110
Digestion and Detoxification	\$1110
8-Week Courses	
Weight Management	\$602
4-Week Courses	
<u>Required:</u> Food Quality in America I	\$301
<u>Elective:</u> Food Quality in America II	\$301
OR	
<u>Elective:</u> Business I	\$301
3-Day Intensive Workshop	
Personal Relationship with Food	\$575

TOTAL COST OF PROGRAM	\$7329	
TOTAL COST OF CNTP PROGRAM (with app fee)		\$7404

Books: Estimated cost of books and supplies for the Foundation Courses is \$600.00. Books and supplies are not included in tuition and are to be purchased by the student from outside sources.

Master Nutrition Therapist (Advanced Courses)

PREREQUISITE: Certified Nutrition Therapy Practitioner Diploma

15-Week Courses (45 hours each)	
Life Cycles/Healthy-Aging Nutrition	\$1110
Clinical Nutrition	\$1110
Reproductive Health	\$1110
8-Week Course (24 hours)	
Senior Seminar/Business II	\$602
3-Day Intensive Workshop (32 hours)	
Detoxification Experience	\$575
One or both 8-Week Electives	
Supplements	\$602
Food Politics	
6-Month Courses (50 hours each)	
Internship	\$440
Independent Study	\$490
TOTAL COST OF ADVANCED COURSES	\$6039

TOTAL COST OF MNT PROGRAM	\$13,443
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Books: Estimated cost of books and supplies for the Advanced Courses is \$600. Books and supplies are not included in tuition and are to be purchased by the student from outside sources.

Student Initials: _____

Nutrition Therapy Institute

Approved and regulated by the Colorado Department of Higher Education, Private Occupational School Board

DISCLOSURE STATEMENT

As a student enrolled in the Nutrition Therapy Institute, I acknowledge and accept the following:

1. This agreement is good for one year from the Effective Date of this agreement. If a student has not completed the program before this agreement expires, he/she must sign a new enrollment agreement and pay the current tuition for classes.
2. All information distributed and taught by Nutrition Therapy Institute is for nutritional education only.
3. Information distributed and taught by Nutrition Therapy Institute is NOT to be used to diagnose disease and/or illness. This same information is NOT to be used to replace medical treatment of any kind.
4. A Nutrition Therapy Institute diploma as a Master Nutrition Therapist Practitioner makes no representation as to the legality of any individual health practice and no representation that those who have completed the course work or any part thereof are licensed to do anything in any area.
5. Nutrition Therapy Institute accepts no responsibility for any liability that may result from a student's or graduate's activities in the field of nutrition, including the dissemination of any nutritional information to individuals or groups.
6. Nutrition Therapy Institute reserves the right to cancel any classroom courses for any reason. Courses are available through the distance learning program except where noted in the catalog.
7. This agreement is null and void if a student withdraws from the program, is no longer taking courses, or is terminated.

I have read this document and agree to conform to the points described above. I accept full personal responsibility for my actions in this regard.

I HAVE RECEIVED A COPY OF THIS ENROLLMENT AGREEMENT AND A SCHOOL CATALOG DATED 2016-2017.

Student Signature _____ Date _____

NTI Representative _____ Date _____