



**NUTRITION
THERAPY
INSTITUTE**

NUTRITION THERAPY INSTITUTE, INC.

1510 York Street, Suite 204
Denver, CO 80206

ENROLLMENT AGREEMENT

Natural Foods Chef 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 _____

Natural Foods Chef Program total program hours: 368

Educational Credential: Diploma as a Certified Natural Foods Chef

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

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 Natural Foods Chef program. The duration of this agreement is 6 months.

By signing this agreement, the Student agrees to pay the Institute the tuition stated for this program. The Institute agrees to provide the occupational training in accordance with the provisions of the Catalog dated 2015-2016. Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the Institute have been met, the Institute will award to the Student the diploma of Natural Foods Chef. 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.

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 program.

REGISTRATION

Students will not be registered until payment is made or a signed payment plan is in place. Students must register for the first term following the Start Date of the enrollment agreement.

Although Nutrition Therapy Institute has consistently offered the NFC Program without interruption and intends to continue to do so, courses are not guaranteed. If the Program 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. She/he 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.

Student Initials: _____

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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.

Application Fee Refund: The application fee is fully refundable if NTI cancels the program for which the student has applied or if the student is not accepted by NTI.

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% of 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://higherred.colorado.gov/dpos> , 303-862-3001. There is a two-year statute of limitations from student's last date of attendance for a student to file a complaint with the Division.

Student Initials: _____

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COURSE SCHEDULE: The following is a sample schedule. NTI reserves the right to change the schedule without notice.

Professional Cooking Skills and Methods	224 hours
Tuesday	10:00 am – 5:00 pm
Thursday	10:00 am – 5:00 pm
Nutrition for the Natural Foods Chef (12 classes)	48 hours
Friday	9:00 am – 1:00 pm
Business for the Natural Foods Chef (4 classes)	16 hours
Friday	9:00 am – 5:00 pm
Independent Study/Internship	80 hours
On your own schedule	
Total	368 hours

PROGRAM TUITION AND FEES

Application Fee: payable at time of application: \$75.00

Tuition for the full 368-hour program **\$9490**

Tuition includes all food costs and generally includes two student-created meals per Culinary Skills class.

Books: Estimated cost of books and supplies is \$500. It is not included in the tuition. NTI does not supply books; they are purchased by the student from outside sources.

PAYMENT OPTIONS

NTI offers flexible payment plans. You can request installment plans of up to 7 payments. If you are interested in a payment plan, please contact the office for more information. There is a \$15 administrative fee for each payment on a payment plan. There is no fee if the amount is paid in full at time of registration.

Student Initials: _____

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DISCLOSURE STATEMENT

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

1. This agreement is good for six months from the Start 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 and cooking 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 Natural Foods Chef 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. 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 2015-2016.

Student Signature _____ Date _____

NTI Representative _____ Date _____