



APPLICATION AGREEMENT

Application for Admission and enrollment agreement for the World Trichology Society's Trichology Certification course.

Demographic Information

Name (first, last): _____

Home Telephone: _____

Cell Phone: _____

Fax Number (if applicable): _____

Email Address: _____

Mailing Address: _____

What is your primary (native) language? _____

Program Information

Intended program: Fundamentals in Trichology

Clock Hours: 108 (100 coursework, 8 clinical)

Maximum Timeframe for completion: 6 months, at least one section per month

Upon successful completion, students will earn a Certificate of Completion.

The Fundamentals in Trichology course is offered in English, Arabic, and Spanish. If you intend to enroll in a program in a different language from your primary language, please affirm that you have at least a high school graduate proficiency in the selected language.

Intended language of instruction: _____

(Required if applicant's primary language differs from the selected language of instruction).

_____ By providing my initials, I affirm that I have at least a high school graduate proficiency in the language/program selected above.



Prior Education Information

Applicants are required to have completed high school or a recognized equivalent such as a GED. Please complete the following self-certification of high school completion.

Secondary Education Completion: _____

If high school completion, provide:

School name: _____

City: _____ State: _____

Year of Graduation: _____

If available, email a copy of high school diploma or transcript with this Application Agreement.

If GED or equivalent test, provide:

Testing Service or Center Name: _____

City: _____ State: _____

Year of completion: _____

If available, email a copy of GED score report.

_____ By providing my initials, I certify that I successfully completed high school or equivalent and that the information I provided above is true and accurate. I understand that this information will be subject to review and that providing intentionally false information can be grounds for dismissal from the World Trichology Society.

Post-secondary Educational History (if applicable):

List any degrees or certificates earned including program title, year completed, and the institution full name:



Tuition and Payment Information

Trichology Certification course	
Program Component	Cost
Part A	\$500
Part B	\$500
Part C	\$850
<i>Program Total</i>	<i>\$1,850</i>

Students are not charged any additional fees. There are no textbook requirements for any World Trichology Society courses. A list of optional supplementary study materials will be provided however, their purchase is not required for the course. Approximate cost for optional textbooks is \$100.

Terms of Payment Terms

Students are required to pay for the entire course during initial enrollment. Payment is made through PayPal, our secure online service. To make payments, please go to:

<https://worldtrichologysociety.org/trichology-courses/associate-trichology-diploma/>

Withdrawal Policy

Students must notify the institution in writing via email (education@worldtrichologysociety.org) if they intend to withdraw from the course. They may withdraw at any time. Students who cancel their enrollment within three days of signing their enrollment agreement are entitled to a full refund of all monies paid. Students who withdraw after they have begun their enrollment are subject to the refund policy below, based on their date of withdrawal. The date of withdrawal is the date that the student notifies the institution of their intent to withdraw. Refunds are calculated based on the prorated refund table below where Day 1 is the first day a part is made available to the student and the date of withdrawal is the number of calendar days after that date.

_____ By providing my initials, I certify that I read and understand the tuition and terms of payment information as well as the withdrawal policy stated above.



Refund Policy

Students are provided a prorated refund based on the number of days they had access to the current Part of the course. Students are expected to complete Parts A and B within one month. Therefore, the prorated refund policy is based on a 30-day enrollment period. Students are provided a prorated refund up to the 40% mark of the 30-day period as follows:

Date of Withdrawal	% of Enrollment Period	Refund to Student
Day 1	3.33%	\$483.33
Day 2	6.67%	\$466.67
Day 3	10%	\$450.00
Day 4	13.33%	\$433.33
Day 5	16.67%	\$416.67
Day 6	20%	\$400.00
Day 7	23.33%	\$383.33
Day 8	26.67%	\$366.67
Day 9	30%	\$350.00
Day 10	33.33%	\$333.33
Day 11	36.67%	\$316.67
Day 12	40.00%	\$0

This table is applicable to Parts A and B. There is no refund for Part C (virtual workshop). All refunds are processed within 30 days of the student's date of withdrawal.

Refund Example

If a student who paid for Parts A and B of the course withdraws during Day 5 of Part B, he/she will be entitled to a refund of \$416.65. WTS will retain \$83.35 of Part B tuition and 100% of tuition for completed Part A:

Amount paid to date	\$1,000
Part A completed; no refund	\$0
Part B, withdrawal on day five (16.67% mark)	\$416.65
Total Refund Owed to the Student:	\$416.65

Employment Disclaimer: World Trichology Society does not provide placement services and does not promise or imply any specific employment opportunities as a result of completing the Trichology Certificate course. Upon graduation and active Society membership, students' names and contact information is added to our 'find a Trichologist' website.

_____ By providing my initials, I certify that I read and understand the refund policy and Employment Disclaimer stated above.



By signing my name below, I attest that I have read and understand the World Trichology Society Academic Catalog; that I have read, understand, and agree to adhere to the information contained in this Application Agreement, and that the information I provided is truthful and accurate to the best of my knowledge.

Student Signature

Date

Please email a completed copy to education@worldtrichologysociety.org.

WTS Representative Signature

Date

A completed copy of this Application Agreement will be provided to the applicant within 14 days of acceptance.