



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: Trichology Certification

Clock Hours: 580 (540 coursework, 40 clinical)

Maximum Timeframe for completion: 28 months, at least one chapter per month

Upon successful completion, students will earn a Certificate of Trichology Certification.

The Trichology Certification 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
Course Chapters (28 chapters x \$150)	\$4,200
Clinical Training and Final Examinations	\$1,300
<i>Program Total</i>	<i>\$5,500</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. Trichology Certification students who attend clinical training in person assume the entire cost of their travel, hotel, food, and other travel incidentals.

Terms of Payment Terms

Students can pay for this course in chapter installments, or they can pay in full. Students who pay by chapter are required to pay for each chapter in \$150 installments. They are also required to pay a \$500 deposit for Clinical Training at least one month prior to the scheduled Clinical Training start date (non-refundable). Students are required to pay the full amount remaining due for Clinical Training at least 14 days prior to the scheduled start date. Students who pay for the entire course during initial enrollment receive an additional two years of membership to the World Trichology Society after graduation (worth \$420.00).

Payment is made through PayPal, WTS' secure online service. To make payments, please go to: <https://worldtrichologysociety.org/trichology-courses/trichology-certification/>

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 chapter 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 chapter in the course. Students are expected to complete at least one chapter a month. Therefore, the prorated refund policy is based on a 30-day enrollment period. Students are provided a prorated refund up to the 20% mark of the 30-day period as follows:

<i>Date of Withdrawal</i>	<i>% of Enrollment Period</i>	<i>Refund to Student</i>
Day 1	3.33%	\$145.00
Day 2	6.67%	\$140.00
Day 3	10%	\$135.00
Day 4	13.33%	\$130.00
Day 5	16.67%	\$125.00
Day 6	20%	\$0

Students are not provided a refund for completed chapters (for which the tests have been graded by WTS faculty). Students are provided a 100% refund for chapters paid for in advance, for which they were not yet given access. All refunds are processed within 30 days of the student's date of withdrawal.

Refund Example

If a student who pays for the course in full withdraws during Day 4 of Chapter 9, he/she will be entitled to a refund of \$130. WTS will retain \$20 for Chapter 9 tuition and 100% of tuition for completed Chapters 1-8. The student will also receive a 100% refund for all Chapters not yet begun, and the Clinical Training:

Amount paid at initial enrollment	\$ 5,500
Chapters 1-8 completed; no refund	\$ 0
Chapter 9, withdrawal on day four (13.33% mark)	\$ 130
Chapters 10-28, 100% refund (\$150 x 19)	\$ 2,850
Clinical Training (full refund*)	\$ 1,300
Total Refund Owed to the Student	\$ 4,280

*Student cancelled more than 30 days before participation. Students who cancel less than 30 days prior to participating in Clinical Training are subject to \$500 nonrefundable Deposit Fee.

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.