



STUDENT ENROLLMENT AGREEMENT AND CONTRACT

Mobile Dynamics, 415 S. 48th St. #101, Tempe, AZ, 85281
Tel: 480.557.0675 Fax: 480.557.0676

I understand that this contract for admission into Mobile Dynamics is made on this (day) of (month), 20 (year) between Mobile Dynamics (The School) and me (Student). I am enrolling into the following training program(s):

STEP 1 THIS IS A 2 PAGE DOCUMENT. PLEASE READ THE CONDITIONS ON THE BACK BEFORE SIGNING UP. The back of this document contains information pertaining to our school policies. Please read these policies. Your signature on the bottom of this document will indicate that you have read and agree with the policies on both pages.

STEP 2 CHOOSE YOUR START DATE Use the space below to choose your school start date. For school start dates see your school information brochure or call us for available start dates.

School Start Date Month Day Year

STEP 3 CHOOSE THE COURSES YOU WISH TO ATTEND Use the space below to choose the course or courses you wish to attend. Enter the total cost of all courses in the box labeled "Tuition."

- 8 WEEK SENIOR ASSOCIATE PROGRAM: PHASES 1 through 10 (253 Hours) \$7449.00
4 WEEK ASSOCIATE PROGRAM: PHASES 1 through 5 (133 Hours) \$3799.00
ONLINE PROGRAM - BASIC INSTALLATION 8-WEEK PROGRAM (70 Hours) \$1800.00

ELECTIVES (Optional) Use the space below to choose any of the optional elective programs.

- PLASTIC SURGERY (\$295) ROUTER VOODOO (\$295)
CUSTOM CREATIONS (\$295) HOT METAL (\$295)
ALL FOUR ELECTIVES (\$999)

TUITION \$

STEP 4 ONLINE TRAINING OPTION In the space below indicate whether you will be participating in our Online program. For school start dates see your school information brochure or call us for available start dates.

- YES, I will be participating in Online training.
NO, I will not be participating in Online training.

Online Training Start Date Month Day Year

We need your e-mail address here

STEP 5 REGISTRATION FEE (all applicants must pay a registration fee) REGISTRATION FEE \$ 50.00

STEP 6 CALCULATE YOUR TOTAL COST Total cost includes the combination of your "Tuition",and "Registration Fee". Please add these costs together and place the total in the space provided. If you need any assistance please call our "Admissions Department" for assistance. TOTAL COST \$

STEP 7 PAYMENT (how will you be paying) I will be arranging financing: No Yes
I will be paying for my tuition by: VISA MASTER CARD AMEX DISCOVER CASH(CHECK)*
Credit card number Expiration Date
Card holders Name (as it appears on the credit card)
Card holders Address
Signature * If paying by check please include payment with this document.

TOTAL COST/REFUND POLICY (please read)

The "Total Cost" of the program is due and payable upon the start of classes. Accommodations made to the Student by The School for payment of sums due, or any other purpose, do not constitute a waiver of rights by The School. Student agrees to pay all costs as agreed and to abide by the rules and regulations of The School. This agreement is to be construed in accordance with the laws of Arizona and has been entered into and signed in the City of Tempe in the County of Maricopa.

Refunds Policies: Three-Day Cancellation: An applicant who provides written notice of cancellation within three days (excluding Saturday, Sunday and federal and state holidays) of signing an enrollment agreement is entitled to a refund of all monies paid. No later than 30 days of receiving the notice of cancellation, the school shall provide the 100% refund. After this three (3) day period, Mobile Dynamics may retain the Registration Fee and will refund all monies paid in excess thereof. A student entering into instruction will receive a refund of monies paid based on the following: a) If the student withdraws (students withdrawing must do so in writing) or is dismissed during the first 50% of the scheduled duration of their course, The School will retain monies based on the following: If the student withdraws or is dismissed before the beginning of the scheduled clock hours of the course - 100% refund, after 10% or less of scheduled clock hours of the course - 90% refund, after >10% and =<20% of scheduled clock hours of the course - 80% refund, after >20% and = <30% of scheduled clock hours of the course - 70% refund, after >30% and =<40% of scheduled clock hours of the course - 60% refund, after >40% and = <50% of scheduled clock hours of the course - 50% refund, all refunds are calculate minus the registration fee, b) thereafter, The School will retain 100% of the Total Costs. Refunds will be calculated from The Student's first entering into instruction until the receipt of a signed letter of withdrawal, inclusively, excepting holidays. All refunds are based on the clock hours contained in each program. It will be determined that a student has withdrawn from The School if the student has not attended any class for 30 consecutive class days. Student is obligated to pay, immediately upon withdrawal, any balance owed to The School after applying the above calculation. Student is obligated to pay reasonable attorney and collection expenses incurred as a result of the collection of the Student's debt.

VA Students Only - A pro rata refund policy applies to VA Students. A pro rata refund is a refund by The School to a student attending the institution for the first time of not less than that portion of the tuition assessed the student by The School equal to the portion of the period of enrollment for which the student has been charged that remains on the last day of attendance by the student. The refund shall be rounded downward to the nearest whole percent of the period attended, less the registration fee, less any unpaid charges owed by the student for the period of enrollment for which the student has been charged.

Any refund amount will be made within thirty (30) days of The School's knowledge of the Student's withdrawal and be paid first to the Student's funding sources, such as student loans as a credit to their account. Any moneys due to the applicant will be refunded within thirty (30) days from cancellation, failure to appear on the first day of class, or the last date of student attendance.

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STUDENT GRIEVANCE PROCEDURES (please read)

The School has a formal policy for grievances. It is as follows: In the event a student believes he or she has a grievance against the School, the steps for filing the complaint and resolving the problem will be as follows: a) Discuss and file (in writing) the complaint with his/her instructor. The instructor has two (2) school days to respond in writing. b) Discuss and file (in writing) the complaint with the School's Director. The Director has two (2) school days to respond in writing. Copies of the written complaint and responses will be maintained in the student's academic folder. If the complaint cannot be resolved after exhausting the institutions grievance procedure, the student may file a complaint with the Arizona State Board For Private Postsecondary Education. The student must contact the State Board for further details. The State Board address is: 1400 W. Washington, Room 260, Phoenix, AZ 85007. Phone: 602-542-5709. Website: <http://azppse.state.az.us>

EMPLOYMENT GUARANTEES AND PLACEMENT ASSISTANCE (please read)

The School does not guarantee job placement to graduates upon program/course completion or upon graduation. However each member of the staff has a sincere desire to see each graduate reach their career goals and will assist in their job seeking efforts.

Student Initials: _____

COURSE CHANGES (please read)

The School reserves the right to modify or change the course content or sequence, to modify staff assignments, and change equipment to remain current with industry trends and effective instruction. The exercising of these rights will, in no way, cause cost increases to the Student or diminish the competency of content of the course.

STEP 8 CONTRACT ACCEPTANCE

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by the debtor. (FTC Rule effective 5-14-76)

I hereby acknowledge receipt of the School's catalog dated January 1, 2009, which contains information describing programs offered, and equipment/supplies provided. The School's "School Information Package" catalog is included as a part of this enrollment agreement, and I acknowledge that I have received a copy of this catalog.

Also, I have carefully read and received an exact copy of this enrollment agreement.

I understand that the School may terminate my enrollment if I fail to comply with attendance, academic and financial requirement or if I disrupt the normal activities of the School. While enrolled in the School. I understand that I must maintain Satisfactory Academic Progress as described in the School catalog and that my financial obligation to the school must be paid in full before a certificate is awarded.

Student Initials: _____

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this _____ day of _____ 20_____

_____/_____/_____
Student SSN# Student Name DOB Phone Number

Street City State Zip

Date Student Signature Date School Official Signature

School Use Only

Representatives certification: I hereby certify that _____ has been interviewed by me and in my judgement, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreement or promises other than those appearing on this agreement.

By: _____ Date: _____