

2015 Branch Data Confirmation

**BUREAU FOR PRIVATE POSTSECONDARY EDUCATION ANNUAL REPORT
2015 BRANCH DATA-2017122760330**

Reporting Year: 2015
Institution Name: Cypress Health Institute
Institution Code: 4400301
Branch Address: 0
Branch City: 0
Branch State: California
Branch ZIP Code: 95060

2015 Institution Data Confirm

**BUREAU FOR PRIVATE POSTSECONDARY EDUCATION ANNUAL REPORT
2015 INSTITUTION DATA-2017122742925**

Report for Year: 2015
Institution Name: Cypress Health Institute

Institution Code (If an institution has branch locations the institution code is the school code for the main location): 4400301

Street Address (Physical Location): 1119 Pacific Ave #300

City: Sana Cruz

State: California

ZIP Code: 95060

Check all that apply to this institution:

For profit institution: For profit institution

Sole Proprietor:

Non-profit institution:

Limited Liability Corporation:

Publicly traded institution:

Partnership: Partnership

Number of Branch Locations: 0

Number of Satellite Locations: 0

Is this institution current with all assessments to the Student Tuition Recovery Fund?: yes

Is this institution current on Annual Fees?: yes

Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional approval, not programmatic approval: no

If you answered yes to the question above, please identify the Accrediting Agency:

If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation: NA

Has any accreditation agency taken any formal disciplinary action against this institution?: no

Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? : no

What is the total amount of Title IV funds received by your institution in 2014? : 0

Does your institution participate in federal veteran's financial aid education programs? : no

What is the total amount of veteran's financial aid funds received by your institution in 2014? : 0

Does your institution participate in the Cal Grant program? : no

What is the total amount of Cal Grant funds received by your institution in 2014? : 0

Is your institution on the California Eligible Training Provider List (ETPL)? : no

Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program? : no

What is the total amount of WIOA funds received by your institution in 2015? : 0

Does your institution participate in, or offer any other government or non-governmental financial aid programs? : no

If yes, please indicate the name of the financial aid program:

The percentage of institutional income in 2015 that was derived from public funding: 0

If your institution reports a Cohort Default Rate to the US Department of Education please enter the most recent three year rate: 0

The percentage of students who attended this institution in 2015 who received federal student loans to help pay their cost of education at the school was: 0

Total number of students enrolled at this institution: 24

Number of Doctorate Degrees Offered: 0

Number of Students enrolled in Doctorate level programs at this Institution: 0

Number of Master Degrees Offered: 0

Number of Students enrolled in Master level programs at this institution: 0

Number of Bachelor Degrees Offered: 0

Number of Students enrolled in Bachelor level programs at this institution: 0

Number of Associate Degrees Offered: 0

Number of Students enrolled in Associate level programs at this institution: 0

Number of Diploma or Certificate Programs Offered: 2

Number of Students enrolled in Diploma or Certificate programs at this institution: 24

Institution's Website:

Performance Fact Sheet:

2015 Catalog:

Annual Report:

Enrollment Agreement:

**BUREAU FOR PRIVATE POSTSECONDARY EDUCATION ANNUAL REPORT
2015 PROGRAM DATA-2017122750625**

Report for Year: 2015

Institution Code: 4400301

INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION:

Degree/Program Level: Diploma Certificate

If "Other", please specify:

Degree/Program Title: Diploma Certificate

If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:

Name of Program (e.g. Business Administration, Massage, etc.): Certified Massage Therapist

Number of Degrees or Diplomas Awarded: 24

Total Charges for this program (Report whole dollars only): \$7500

Number of Students Who Began the Program: 24

Students Available for Graduation: 24

On-time Graduates: 24

Completion Rate: 100

150% Completion Rate: 0

Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System of the United States Department of Education?: no

PLACEMENT:

Graduates Available for Employment: 24

Graduates Employed in the Field: 18

Placement Rate: 75

Graduates employed in the field 20 to 29 hours per week: 13

Graduates employed in the field at least 30 hours per week: 5

Indicate the number of graduates employed:

Single position in field: 8

Concurrent aggregated positions in field (2 or more positions at the same time): 3

Frelance/self-employed: 7

By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0

EXAM PASSAGE RATE:

Does this educational program lead to an occupation that requires licensing?: no

If "Yes", please provide the information below (For each of the last two years):

First Data Year (YYYY):

Name of the licensing entity that licenses this field:

Name of Exam:

Number of Graduates Taking Exam:

Number Who Passed the Exam:

Number Who Failed the Exam:

Passage Rate:

Is this data from the licensing agency that administered the exam?:

Name of Agency:

If the response to #28 was "no" provide a description of the process used for Attempting to Contact Students:

Second Data Year (YYYY):

Name of the licensing entity that licenses this field:

Name of Exam:

Number of Graduates Taking Exam:

Number Who Passed the Exam:

Number Who Failed the Exam:

Passage Rate:

Is this data from the licensing agency that administered the exam?:

Name of Agency:

If the response to #37 was "no" provide a description of the process used for attempting to contact students:

Do graduates have the option or requirement for more than one type of licensing exam?:

Provide the names of other licensing exam options:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

SALARY DATA

Graduates Available for Employment: 24

Graduates Employed in the Field: 18

Graduates Employed in the Field Reported receiving the following Salary or Wage

\$0 - \$5,000: 0

\$5,001 - \$10,000: 0

\$20,001 - \$15,000: 3

\$25,001 - \$20,000: 2

\$20,001 - \$25,000: 7

\$25,001 - \$30,000: 0

\$30,001 - \$35,000: 3

\$35,001 - \$40,000: 3

\$40,001 - \$45,000: 0

\$45,001 - \$50,000: 0

\$50,001 - \$55,000: 0

\$55,001 - \$60,000: 0

\$60,001 - \$65,000: 0

\$65,001 - \$70,000: 0

\$70,001 - \$75,000: 0

\$75,001 - \$80,000: 0

\$80,001 - \$85,000: 0
\$85,001 - \$90,000: 0
\$90,001 - \$95,000: 0
\$95,001 - \$100,000: 0
Over \$100,000: 0

2016 Enrollment Agreement

Cypress Health Institute | Student Application Form

Certified Massage Therapist 520 Hours

Program Classes held at 1119 Pacific Ave #300, Santa Cruz CA 95060

Student name

Student address

City

State

Zip Code

This agreement is for the course: Certified Massage Therapist 520 Hours - Program.

A total of 520 hours are required to complete this course.

Program period covered by this enrollment agreement is from _____ to _____ .

Program start date _____ . Program completion date: _____ .

STUDENT'S RIGHT TO CANCEL

The student has the right to cancel and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. You may cancel this enrollment agreement and receive a refund by providing a written notice, via postal mail, to Larry Bernstein, Director, Cypress Health Institute, P.O. Box 542, Soquel, CA 95073. Students must submit a written request via postal mail by _____ to receive a full refund less the \$100 nonrefundable registration fee.

REFUND INFORMATION

In addition, the student may withdraw from this course after instruction has started and receive a pro rata refund for the unused portion of the tuition and other refundable charges if the student has completed 60% or less of the instruction. For example, if the student completes only 40 hours of a 520 hour course and paid \$7500 tuition, the student would receive a refund of \$5769.23:

$$\begin{array}{r} \$7500. \text{ amount paid} \\ \text{for instruction} \end{array} \quad \times \quad \begin{array}{r} 40 \text{ hrs. paid but not received} \\ 520 \text{ hrs. for which student paid} \end{array} = \$5769.23 \text{ refund}$$

If a student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

If a student obtains a loan to pay for this program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

If the student defaults on a federal or state loan, then 1) the federal/state/agency may take action against the student, including garnishing an income tax refund; and 2) the student may not be eligible for any other government financial assistance at another institution until the loan is repaid.

The school will also refund money collected for sending to a third party on the student's behalf such as license or application fees. If the school cancels or discontinues a course the school will make a full refund of all charges. Refunds will be paid within 45 days of cancellation or withdrawal.

FEES AND CHARGES

The student is responsible for the following fees and charges:

Registration:	\$ 100.00	the registration fee is nonrefundable
Tuition	\$ 7400.00	
Equipment	\$ 0	no lab supplies or kits are required
Textbooks	\$ 0	text manuals are provided free to all students
Other STRF*	\$ 0	STRF fee is non-refundable
Nonrefundable charges	\$ 0	NA
Nonrefundable deposits \$	0 NA	
TOTAL CHARGES	\$ 7500.00	FOR CURRENT PERIOD OF ATTENDANCE

ESTIMATED TOTAL CHARGES FOR ENTIRE EDUCATIONAL PROGRAM IS \$7500.

TOTAL CHARGES STUDENT OBLIGATED TO PAY UPON ENROLLMENT ON _____ IS \$2500

TUITION FEE. THE NEXT APPLICABLE PAYMENT IS ON _____ , TUITION FEE OF \$2500

AND THE LAST APPLICABLE PAYMENT IS ON _____ , TUITION FEE OF \$2500.

*As of January 2002 state regulations requires a)students are responsible for paying the state assessed amount for the Student Tuition Recovery Fund New Education, code 94810(a)(10),(11) and b) if the student is a recipient of third party payer tuition then the student is not eligible for STRF, code 94825

I understand that this is a legally binding contract. My signature below certifies that I have read, understood and agreed to my rights and responsibilities and that the institution's cancellation and refund policies have been clearly explained to me.

I also understand that this enrollment agreement is legally binding when signed by the student and accepted by the Cypress Health Institute.

Signature of student

Date

This agreement is not operative until the student makes an initial visit to the institution and receives a thorough tour, or attends the first class or session of instruction. All materials will be presented to the student at the time of payment. This requirement is not applicable to correspondence or other distance learning programs.

Date of tour or visit

Student Signature

I certify that the Cypress Health Institute has met the disclosure requirements of California Postsecondary Education Act of 2009.

Signature, title of school official

Date

This agreement is accepted by _____

Signature of school official

Date

Schedule of Tuition and Fees

The total cost of the Cypress Health Institute's Certified Massage Therapist 520 Hours – Program is \$7500. There is a non-refundable registration fee of \$100. which is applied to the total cost of tuition.

Payment schedules:

Students may choose from the following payment options:

- | | | |
|----|----------------------------------|-----------|
| 1. | Upon enrollment, full payment... | \$7500.00 |
| 2. | Upon enrollment... | 3750.00 |
| | by the end of the fifth week... | 3750.00 |

Financial aid

There is currently no financial aid available for students through the school.

If a student receives a loan from other sources to meet their tuition, then the student is required to repay the full amount of that loan plus interest, less the amount of any refund.

Cypress does not currently, and has never had, a petition in bankruptcy.

Transferability disclosure

The Therapeutic Massage Program is open to all interested persons age 18 or over who are high school graduates or the equivalent. There is no entrance-testing requirement. Cypress does not provide English as a second language instruction. Cypress does not offer home study or distance education programs.

Cypress does not offer on-line educational programs.

Cypress does not offer any distance education program, not offered in real time.

Cypress does not require uniforms or special protective clothing for students. Cypress offers no in-resident housing and no tutoring.

Students who have completed a course of study at another approved educational institution can apply to transfer credit by supplying Cypress with official transcript documentation from their previous educational institution. Cypress may grant up to 50% transfer credit. Cypress does not have specific transfer agreements with any other institution and charges no fee for processing transcripts from other institutions.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at Cypress Health Institute is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the 520-hour Massage certification you earn at the Cypress Health Institute is also at the complete discretion of the institution to which you may seek to transfer. If the 520-hour Massage certificate that you earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason, you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may want to transfer after attending the Cypress Health Institute to determine if your 520-hour Massage certification will transfer.

There is a \$25 fee for sending Cypress transcripts to other institutions.

Information disclosure

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rate, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

Student's initials _____ date _____

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capital Oaks Drive Suite 400, Sacramento, CA 95833, www.bppe.ca.gov, phone (916) 431-6959/ toll free (888) 370-7589/ fax (916) 263-1897.

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling ((888) 370-7589) or by completing a complaint form, which can be obtained on the bureau's Internet Web site www.bppe.ca.gov.

Student Tuition Recovery Fund

The Student Tuition Recovery Fund (STRF) was established by the Legislature to protect any California resident who attends a private postsecondary institution from losing money if you prepaid tuition and suffered a financial loss as a result of the school closing, failing to live up to its enrollment agreement, or refusing to pay a court judgment.

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition either by cash, guaranteed student loans, or personal loans, and
2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if either of the following applies:

1. You are not a California resident, or are not enrolled in a residency program, or
2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party."

"The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency programs attending certain schools regulated by the Bureau for Private Postsecondary and Vocational Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
4. There was a material failure to comply with the Act or this Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act."

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

Note: Authority cited: Sections 94803, 94877 and 94923, Education Code. Reference: Section 94923, Education Code.

To be eligible for STRF, you must be a 'California resident' and reside in California at the time the enrollment agreement is signed or when you receive lessons at a California mailing address from an approved institution offering correspondence instruction. Students who are temporarily residing in California for the sole purpose of pursuing an education, specifically those who hold student visas, are not considered "California residents".

To qualify for STRF reimbursement you must file a STRF application within two years of receiving notice from the Bureau of Private Postsecondary Education that the school is closed. If you do not receive notice from the Bureau, you have four years from the date of closure to file a STRF application. If a judgment is obtained you must file a STRF application within two years of that final judgment.

It is important that you keep copies of the enrollment agreement, receipts or any other information that documents the moneys paid to the school. Questions regarding the STRF may be directed to the Bureau of Private Postsecondary Education, 2535 Capital Oaks Drive, Suite 400, Sacramento, CA 95833, phone (916) 431-6959/ toll free (888) 370-7589.

CONFIDENTIAL STUDENT APPLICATION FORM

Name: _____ Date _____

Address _____ City _____ Zip _____

Email _____

Telephone: work: _____ home: _____

Occupation _____ Education _____

If unemployed identify source of tuition funding: _____

Are you presently under the care of a physician? _____

Name of physician _____ Telephone _____

REFUND INFORMATION

In addition, the student may withdraw from this course after instruction has started and receive a pro rata refund for the unused portion of the tuition and other refundable charges if the student has completed 60% or less of the instruction. For example, if the student completes only 40 hours of a 400 hour course and paid \$4400 tuition, the student would receive a refund of \$3960.00:

$$\begin{array}{rcl} \$4400. \text{ amount paid} & \times & 360 \text{ hrs. paid but not received} \\ \text{for instruction} & & 440 \text{ hrs. for which student paid} \end{array} = \$3960.00 \text{ refund}$$

If a student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

If a student obtains a loan to pay for this program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

If the student defaults on a federal or state loan, then 1) the federal/state/agency may take action against the student, including garnishing an income tax refund; and 2) the student may not be eligible for any other government financial assistance at another institution until the loan is repaid.

The school will also refund money collected for sending to a third party on the student’s behalf such as license or application fees. If the school cancels or discontinues a course the school will make a full refund of all charges. Refunds will be paid within 45 days of cancellation or withdrawal.

FEES AND CHARGES

The student is responsible for the following fees and charges:

Registration:	\$ 100.00	the registration fee is nonrefundable
Tuition	\$ 4299.00	
Equipment	\$ 0	no lab supplies or kits are required
Textbooks	\$ 0	text manuals are provided free to all students
Other STRF*	\$ 1.00	STRF fee is non-refundable
Nonrefundable charges	\$ 0	NA
Nonrefundable deposits \$	0	NA
TOTAL CHARGES	\$ 4400.00	FOR CURRENT PERIOD OF ATTENDANCE

ESTIMATED TOTAL CHARGES FOR ENTIRE EDUCATIONAL PROGRAM IS \$4400.

TOTAL CHARGES STUDENT OBLIGATED TO PAY UPON ENROLLMENT ON _____ IS \$2200

TUITION FEE. THE NEXT APPLIABLE PAYMENT IS ON _____, TUITION FEE OF \$1100

AND THE LAST APPLICABLE PAYMENT IS ON _____, TUITION FEE OF \$1100.

*As of January 2002 state regulations requires a)students are responsible for paying the state assessed amount for the Student Tuition Recovery Fund New Education, code 94810(a)(10),(11) and b) if the student is a recipient of third party payer tuition then the student is not eligible for STRF, code 94825

I understand that this is a legally binding contract. My signature below certifies that I have read, understood and agreed to my rights and responsibilities and that the institution’s cancellation and refund policies have been clearly explained to me.

I also understand that this enrollment agreement is legally binding when signed by the student and accepted by the Cypress Health Institute.

Signature of student

Date

This agreement is not operative until the student makes an initial visit to the institution and receives a thorough tour, or attends the first class or session of instruction. All materials will be presented to the student at the time of payment. This requirement is not applicable to correspondence or other distance learning programs.

Date of tour or visit

Student Signature

I certify that the Cypress Health Institute has met the disclosure requirements of California Private Postsecondary Education Act of 2009 and California Code of Regulations - Title 5. California Code of Regulations Division 7.5

Signature, title of school official

Date

This agreement is accepted by _____

Signature of school official

Date

Schedule of Tuition and Fees

The total cost of the Cypress Health Institute's Asian massage program is \$4400. There is a non-refundable registration fee of \$100. which is applied to the total cost of tuition.

Payment schedules:

Students may choose from the following payment options:

- | | | |
|----|----------------------------------|-----------|
| 1. | Upon enrollment, full payment... | \$4400.00 |
| 2. | Upon enrollment... | 2200.00 |
| | by the end of the fifth week... | 2200.00 |
| 3. | Upon enrollment... | 2200.00 |
| | by the end of the third week... | 1100.00 |
| | by the end of the fifth week... | 1100.00 |

Financial aid

There is currently no financial aid available for students through the school.

If a student receives a loan from other sources to meet their tuition, then the student is required to repay the full amount of that loan plus interest, less the amount of any refund.

Cypress does not currently, and has never had, a petition in bankruptcy.

Transferability disclosure

The Therapeutic Massage Program is open to all interested persons age 18 or over who are high school graduates or the equivalent. There is no entrance testing requirement. Cypress does not provide English as a second language instruction. Cypress does not offer home study or distance education programs.

Cypress does not offer on-line educational programs.

Cypress does not offer any distance education program, not offered in real time.

Cypress does not require uniforms or special protective clothing for students. Cypress offers no in-resident housing and no tutoring.

Students who have completed a course of study at another approved educational institution can apply to transfer credit by supplying Cypress with official transcript documentation from their previous educational institution. Cypress may grant up to 50% transfer credit. Cypress does not have specific transfer agreements with any other institution and charges no fee for processing transcripts from other institutions.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS
EARNED AT OUR INSTITUTION

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There is a \$25 fee for sending Cypress transcripts to other institutions.

Information disclosure

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Student's initials _____ date _____

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

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Student Tuition Recovery Fund

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2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if either of the following applies:

1. You are not a California resident, or are not enrolled in a residency program, or
2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party."

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2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
4. There was a material failure to comply with the Act or this Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act."

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

Note: Authority cited: Sections 94803, 94877 and 94923, Education Code. Reference: Section 94923, Education Code.

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It is important that you keep copies of the enrollment agreement, receipts or any other information that documents the moneys paid to the school. Questions regarding the STRF may be directed to the Council for Private Postsecondary Education, 2535 Capital Oaks Drive, Suite 400, Sacramento, CA 95833, phone (916) 431-6959/ toll free (888) 370-7589.

CONFIDENTIAL STUDENT APPLICATION FORM

Name: _____ Date _____

Address _____ City _____ Zip _____

Email _____

Telephone: work: _____ home: _____

Occupation _____ Education _____

If unemployed identify source of tuition funding: _____

Are you presently under the care of a physician? _____

Name of physician _____ Telephone _____

Are you presently on medication? _____

Type of medication? _____ How long? _____

Have you been hospitalized in the past twelve months? _____

Are you presently pregnant? _____ Length of pregnancy? _____

Have you received treatment from a substance recovery program within the

past twelve months? _____ Length of treatment _____

Is your current life situation (both work and personal):

mildly stressful _____ moderately stressful _____ severely stressful _____

Would you say your overall self image is:

poor _____ good _____ excellent _____

Any serious or chronic injuries? _____

Please indicate any present or severe history with the following symptoms:

asthma _____ anxiety _____ high blood pressure _____

ulcers _____ diabetes _____ suicidal tendencies _____

alcoholism _____ seizures _____ hallucinations _____

black outs _____ phobias _____ nervous tension _____

Name and number of closest relative to be called in case of an emergency?

Name _____ telephone _____

Referred by _____