

SouthUniversitySM

APPLICATION FOR ADMISSION

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Please print or type and answer each question.

PERSONAL

Name

First

Middle

Last

Email

Primary Phone

Alternate Phone

Maiden / Other Name

Social Security # - -

Date of Birth

ADDRESS

Street

City

State/Province

Zip/Postal Code

Country

In case of emergency call

Name

Home phone

Work phone

SEX *(For reporting purposes only.)*

Male

Female

ETHNIC BACKGROUND *(For reporting purposes only.)*

Black, Non-Hispanic

Hispanic

American Indian / Alaska Native

White, Non-Hispanic

Asian / Pacific Islander

Nonresident Alien

PROGRAM INFORMATION

I wish to apply for the following program: *(please check one and enter program name)*

BACHELOR'S DEGREE

MASTER'S DEGREE

ASSOCIATE'S DEGREE

POST-BACCALAUREATE CERTIFICATE

(Columbia campus only)

CLASS STARTING DATE

Please enter the quarter that you wish to start class:

I will attend the following campus:

(For West Palm Beach and Tampa only) Are you a Registered Nurse? Yes No If yes, please complete the following:

Is your license in good standing? _____

RN License Number _____

State in which you are licensed _____

RN License Expiration Date _____

EDUCATIONAL BACKGROUND

I graduated from High School / I received my GED. *(circle one)*

High School/GED Center Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Name printed on your diploma or GED _____ Year Graduated / GED Received _____

List all colleges, universities or other post-secondary schools attended.

Educational Institution	City, State	Dates Attended	Type of Program	Number of credits earned	Degrees or certificates earned

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INTERNATIONAL STUDENT INFORMATION

Will you require valid student nonimmigrant status to enroll at South University? Yes No

Is English your first language? Yes No

Have you taken the Test of English as a Foreign Language (TOEFL) Yes No

If yes, which version? Paper Computer-based Internet

If yes, score earned/Date of score

FINANCIAL AID

Getting Started

Do you wish to apply for financial aid? Yes No

Tuition Assistance

Will you be receiving Employer Tuition Assistance? Yes No

If so, employer name

Do you plan to use Veteran's educational benefits to pay for your education? Yes No

If so, list:

TERMS & CONDITIONS *(Please initial in available space.)*

_____ I acknowledge that I understand I am subject to termination of my program of study if my official transcript providing Proof of Graduation is not received by 12 weeks from the start of my first day of class. I am aware that financial aid will not be credited to my account if I cannot provide Proof of Graduation; therefore I will be responsible for any balance due on tuition or fees.

_____ I acknowledge that unofficial transcripts can be reviewed for Transfer of Credit if they are received before I begin classes, and indicate school name, program of study, course name, and grade received. However, if my official transcript showing potential Transfer of Credit is not received, I understand that I am subject to loss of Transfer of Credit from this source, which could affect my financial aid plan and the length of my program.

_____ I acknowledge that I reviewed the South University Catalog, and that I have read and understood the policies and academic programs therein.

POLICIES

Refund Policy

Tuition charges are based on the total number of credit hours for which the student is enrolled on the first day of classes (as listed in the university calendar), regardless of program. Refunds or tuition adjustments will be awarded according to the following guidelines:

1. If circumstances prevent matriculation before a student begins attending the University, all tuition charges will be refunded. The application fee will be refunded only if a refund is requested within three days of application.
2. A tuition adjustment results when a student officially changes enrollment status during the drop/add period. No adjustment will be made for students dropping individual classes after the drop/add period.
3. **Savannah campus:** Refunds for students withdrawing from all classes will be based on the following guidelines: a) students

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POLICIES *(continued)*

completing no more than five (5) percent of instructional time will receive a ninety-five (95) percent tuition refund; b) students completing more than five (5) but no more than ten (10) percent of instructional time will receive a ninety (90) percent of tuition refund; c) students completing more than ten (10) percent but no more than twenty-five (25) percent of instructional time will receive a seventy-five (75) percent of tuition refund; d) students completing more than twenty-five (25) percent but no more than fifty (50) percent of instructional time will receive a fifty (50) percent of tuition refund; e) students completing more than fifty (50) percent of percent time will receive no refund of tuition.

4. **Columbia*, Montgomery, Tampa, and West Palm Beach campuses:** Students who withdraw from all attended classes during the first week of the quarter are entitled to a refund of seventy-five (75) percent of the tuition paid for the quarter. A refund of fifty (50) percent will be made if withdrawal occurs during the second week after the scheduled date classes are to begin. Students who withdraw during the third week will be refunded twenty-five (25) percent. Students who withdraw after three weeks have elapsed from the scheduled beginning of classes will be entitled to no refund of any part of the tuition paid that quarter.

**Columbia campus: For students attending the University for the first time and who withdraw from the school, a pro-rata refund calculation shall be applied up to sixty (60) percent point in time of that initial term. Pro-rata refund for a student of not less than that portion of tuition, fees and other charges assessed the student 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, rounded downward to the nearest ten (10) percent of that period, less any unpaid charges owed for the period of enrollment for which the student has been charged, and less an administrative fee not to exceed the lesser of five (5) percent or one hundred dollars.*

In order to expedite refunds and adjustments, students should complete an official drop form through the registrar's office. If a student receiving financial aid withdraws from school or drops below a half-time status, monies due in refund will be returned to the respective federal program in the federally mandated allocation order prior to any return to the student.

Return of Federal Title IV Aid

A percentage of Federal Title IV Aid will be returned if the student withdraws during the first 60% of the quarter. The amount returned will be based on the percentage of days remaining in the quarter. The school will determine the calendar days completed in the quarter divided by the total number of calendar days in the quarter. If the amount is less than or equal to 60%, then that percent of the Federal Title IV Aid received is the amount that can be retained. The difference will be returned to the Federal Title IV Aid program from which funds were received in this order: Unsubsidized Stafford Loan, Subsidized Stafford Loan, Perkins Loan, PLUS Loan, Pell Grant, SEOG.

If Federal Title IV Aid funds have been given to the student, and if the student withdraws during the first 60% of the quarter, the student may need to return some of those funds. If the student needs to return funds, the school will notify the student regarding how much is owed, and how it is to be returned.

Arbitration *(Please initial in available space.)*

_____ *I have read, understand and agree to the terms of this agreement.*

Every student and South University agrees that any dispute or claim between the student and South University (or any company affiliated with South University, or any of its officers, directors, trustees, employees, or agents) arising out of or relating to a student's enrollment or attendance at South University, whether such dispute arises before, during, or after the student's attendance and whether the dispute is based on contract, tort, statute, or otherwise, shall be, at the student's or South University's election, submitted to and resolved by individual binding arbitration pursuant to the terms described herein.

If a student decides to initiate arbitration, the student may select either JAMS or the National Arbitration Forum ("NAF") to serve as the arbitration administrator pursuant to its rules of procedure. If South University intends to initiate arbitration, it will notify the student in writing by regular mail at the student's latest address on file with South University, and the student will have 20 days from the date of the letter to select one of these organizations as the administrator. If the student fails to select an administrator within that 20-day period, South University will select one.

South University agrees that it will not elect to arbitrate any individual claim of less than \$5,000 that a student brings in small claims court (or in a similar court of limited jurisdiction subject to expedited procedures). If that claim is transferred or appealed to a different court, however, or if a student's claim

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POLICIES *(continued)*

exceeds \$5,000, South University reserves the right to elect arbitration and, if it does so, each student agrees that the matter will be resolved by binding arbitration pursuant to the terms of this Section.

IF EITHER A STUDENT OR SOUTH UNIVERSITY CHOOSES ARBITRATION, NEITHER PARTY WILL HAVE THE RIGHT TO A JURY TRIAL, TO ENGAGE IN DISCOVERY, EXCEPT AS PROVIDED IN THE APPLICABLE ARBITRATION RULES, OR OTHERWISE TO LITIGATE THE DISPUTE OR CLAIM IN ANY COURT (OTHER THAN IN SMALL CLAIMS OR SIMILAR COURT, AS SET FORTH IN THE PRECEDING PARAGRAPH, OR IN AN ACTION TO ENFORCE THE ARBITRATOR'S AWARD). FURTHER, A STUDENT WILL NOT HAVE THE RIGHT TO PARTICIPATE AS A REPRESENTATIVE OR MEMBER OF ANY CLASS OF CLAIMANTS PERTAINING TO ANY CLAIM SUBJECT TO ARBITRATION. THE ARBITRATOR'S DECISION WILL BE FINAL AND BINDING. OTHER RIGHTS THAT A STUDENT OR SOUTH UNIVERSITY WOULD HAVE IN COURT ALSO MAY NOT BE AVAILABLE IN ARBITRATION.

The arbitrator shall have no authority to arbitrate claims on a class action basis, and claims brought by or against a student may not be joined or consolidated with claims brought by or against any other person. Any arbitration hearing shall take place in the federal judicial district in which the student resides. Upon a student's written request, South University will pay the filing fees charged by the arbitration administrator, up to a maximum of \$3,500 per claim. Each party will bear the expense of its own attorneys, experts and witnesses, regardless of which party prevails, unless applicable law gives a right to recover any of those fees from the other party. If the arbitrator determines that any claim or defense is frivolous or wrongfully intended to oppress the other party, the arbitrator may award sanctions in the form of fees and expenses reasonably incurred by the other party (including arbitration administration fees, arbitrators' fees, and attorney, expert, and witness fees), to the extent such fees and expenses could be imposed under Rule 11 of the Federal Rules of Civil Procedure.

The Federal Arbitration Act ("FAA"), 9 U.S.C. §§ 1, et seq., shall govern this arbitration provision. This arbitration provision shall survive the termination of a student's relationship with South University. If a student has a question about the arbitration administrators mentioned above, the student can contact them as follows: JAMS, 45 Broadway, 28th Floor, New York, NY, 10006, www.jamsadr.com, 800-352-5267; National Arbitration Forum, P.O. Box 50191, Minneapolis, MN, 55405, www.arb-forum.com, 800-474-2371.

The above supersedes any inconsistent arbitration provision published in any other document.

Student-Right-To-Know Act

Information on graduation/completion rates for first-time full-time students is available through the admissions office. These rates are calculated according to guidelines in the "Student-Right-To-Know Act."

Non Discrimination Policy

The University is dedicated to equality of opportunity within its community. Accordingly, the University does not practice or condone discrimination in any form against students, employees, or applicants on the grounds of race, color, national origin, ancestry, religion, sex, sexual orientation, age, disability, or any other characteristic protected by state, local, or federal law. South University is committed to positive action to secure equal opportunity regardless of these characteristics.

For Medical Assisting and Nursing Program Students Only *(Please initial in available space.)*

In consideration for the acceptance of (print name) _____ in the Medical Assisting or Nursing program, I agree to the performing of minor laboratory procedures on the student named above for the purposes of furthering the training of students in laboratory procedures.

POLICIES *(continued)*

_____ I understand the procedures will include injections, the drawing of blood from the vein, and the pricking of the end of the finger and/or ear lobe. I further understand that these procedures will be carried out in the laboratory setting and through the use of professional recognized techniques. I further understand that these procedures will be performed by students as well as members of the University faculty, but that a member of the faculty, well qualified in these procedures, will always be present during the performance of these techniques. I further agree to release the University, its officers, faculty, staff, and participating students from damages or injuries sustained by me as a result of having the above-described laboratory procedures administered.

SIGNATURES

I have read, understand and agree to the terms of this Agreement.

Name: (print) _____

Applicant Signature

Date

University Representative Signature

Date

Parent/Guardian Consent *[Please execute if the subject of this Application is **under 18 years of age.**]*

I am the parent or guardian of the minor named above, who is aged _____. I have the legal right to consent to and do consent to the terms of this Agreement.

Parent/Guardian Name: (print) _____

Parent/Guardian Signature: _____
Date

For University Personnel Use Only

Application Fee Received Yes No

Amount Received \$

Date (MM/DD/YY)

