

## **Refund Policy**

**The New Hampshire Health Care Association (NHHCA) will provide a full refund of all money paid by the student if:**

- The student cancels enrollment within three (3) business days from time of enrollment.
- The program procured the student's enrollment as the result of any false representations in the written materials used by the program or oral representations made by or on behalf of the school.

**Partial refunds will be granted for the following:**

- A student who withdraws or is dismissed from the program before completing 50% of the course, shall be entitled to a pro rata refund as calculated below, less any amounts owed by the student for the current time period, less a one time application fee not exceeding \$500 or 20% of the program tuition, whichever is less.
- Pro rata refund shall be the ratio of the number of units remaining after the last unit is completed by the student to the total number of units in the time period, rounded downward to the nearest 10%. Pro rata refund is the resulting percent applied to the total tuition and other required costs paid by the student for the current time period.
- All efforts shall be made to refund prepaid amounts for books, supplies and other charges unless the student has consumed or used those items and they can no longer be used or sold to new students, or returned by the school to the supplier.
- No refund shall be required for any student who withdraws or is dismissed after completing 50% of the potential units of instruction in the current time period unless a student withdraws due to mitigating circumstances, in which case refunds shall be calculated based on the pro rata method described above. Refunds based on this passage will be made jointly by the President, CEO and the Program Coordinator.
- The 50% completion limitation does not apply in cases where the student cannot complete the program due to action taken by the school. Examples of school's action shall include school closing or bankruptcy, or cancellation of the program. In these and similar situations, refunds and fees shall be based on the pro rata method

described in the second bulleted paragraph for up to 100% of the tuition paid.

### **Timely Refunds**

- Refunds shall be paid within 30 days after the application date of termination. Refunds need to be applied for in writing and submitted to NHHCA.
- The program shall be considered to have made a good faith effort to make a refund if the student's file contains evidence of the following attempts:
  - Certified mail to the student's last know address.
  - Certified mail to the student's permanent address.
  - Certified mail to the address of the student's parent or listed next of kin, if different from the permanent address.

### **Notice of Withdrawal**

- The program shall require that notice of withdrawal be in writing, but shall not require a specific manner of delivery.
- The school shall honor any valid notice of written withdrawal, reimburse the student any refund amount due and arrange for a termination of the student's obligation to pay any sum in excess of that permitted under the refund standards.
- All schools shall have a constructive notice of an intention to withdraw policy.
- For students receiving funds under federal programs, schools shall comply with applicable federal guidelines for providing notice of an intention to withdraw.

### **Refund Not Conditional on Compliance with School Regulations**

- A school shall not make its refund policy conditional upon compliance with the school's rules of conduct or other regulations.

## **Distribution of Refunds to Financial Aid Sponsors**

- All or a portion of any refunds due shall be paid to sponsors furnishing grants, loans, scholarships or other financial aid to students, in conformity with federal and state laws, regulations and rules and requirements of financial aid sponsors. After any disbursements to financial aid sponsors have been made, the student shall receive the balance, if any, of the amount due under the schools refund policy.

### Refund Policy Agreement

I, \_\_\_\_\_ have received and read the refund policy for The New Hampshire Health Care Association and agree to the provisions set forth.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date