Student Name:________________________________________

Permanent Address:______________________________________

Local Address:_______________________________________________

Telephone: ___________________ Email Address: ___________________

This agreement is for **THE INSTITUTE OF BUDDHIST STUDIES MASTER OF BUDDHIST STUDIES (M.B.S.) DEGREE**, Fall semester, 2015. Instruction begins 09/08/15, and ends 12/18/15. Classes will be held at the Jodo Shinshu Center, located at 2140 Durant Avenue, Berkeley, CA 94704, unless otherwise specified in the IBS Catalogue. {Other classes may be held at the Sati Center, address and/or OCBC, address.}

This agreement is a legally binding instrument when signed by the student and accepted by the **Institute of Buddhist Studies**. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it, and that you have been given: (a) a written statement of the refund policy including examples of how it applies and; (b) a catalogue including a description of the course or educational service including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain for your records.

• **The Master of Buddhist Studies (M.B.S.) degree requires a total of 48 semester units of course work**, including a thesis, and reading proficiency in a modern foreign language relevant to Buddhist Studies is required for the completion of this degree (see IBS catalogue for details); students making steady progress in this program are expected to finish in two years of full time enrollment, or the equivalent part-time enrollment. **Additional requirements for ministerial and chaplaincy aspirants means that they can usually expect to spend three years in the program.**

• Education provided by the Institute of Buddhist Studies is academic in character, i.e., it is not a vocational program. Ecclesiastical matters for Shin ministry (advancement to ministerial candidacy, ordination, etc.) are the province of the Office of the Bishop, Buddhist Churches of America, 1710 Octavia Street, San Francisco, CA 94109-4341, 415.776.5600; http://buddhistchurchesofamerica.org/. Ecclesiastical matters for other Buddhist lineages are the provinces of the authorities of those lineages. Board certification for chaplaincy is the province of the Association of Professional Chaplains (APC), 1701 E. Woodfield Road, Suite 400, Schaumburg, IL 60173; phone: 847.240.1014; fax: 847.240.1015; http://www.professionalchaplains.org/. Successful completion of a degree program or certificate does not guarantee ordination, board certification, or employment.

• IBS’s online courses are offered in “real-time,” i.e., they begin and end with the regular semester, and proceed with weekly instruction. Students enrolling in online courses must begin participation at the start of the term.

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NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION. The transferability of credits you earn at the Institute of Buddhist Studies is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the degree M.B.S. is also at the complete discretion of the institution to which you may seek to transfer, or apply for certification, ordination, or other recognition. If the credits, degree or certificate you earn at this institution are 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 seek to transfer after attending the Institute of Buddhist Studies to determine if your credits, degree or certificate will transfer.

• (1) 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 rates, placement rates, license examination passage rates, and salaries or wages, prior to signing this agreement. student initials: _____________.

(2) 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 included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet. student initials: _____________.

• (1) 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 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897. (2) 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 toll-free or by completing a complaint form, which can be obtained on the bureau's internet web site www.bppe.ca.gov.

STUDENT’S RIGHT TO CANCEL
The student has a right to cancel this agreement and obtain a refund (less the nonrefundable registration fee amount of $100). You may cancel this contract, and receive a refund by submitting a written notice to this school by 5 pm of the day following the first day of scheduled instruction, or the seventh day after beginning of instruction, whichever is later. Your notice must be written and clearly state that you no longer wish to be bound by this agreement. Your notice must be delivered to the Office of the Dean. If delivery of the cancellation form is sent by post (2140 Durant Avenue, Berkeley, CA 94704), the notice must be postmarked on or before the date notice is required.

• In addition a student may withdraw from the school after instruction has started and receive a pro rata refund (less the nonrefundable registration fee amount of $100, and the withdrawal fee amount of $100) for the unused portion of the tuition and of other refundable charges if the student has been enrolled for 60% or less of the period of instruction.

• The school will refund money collected from a third party on the student's behalf to that third party. If the school cancels or discontinues a course or educational program, the school will make a full refund of all charges. Refunds will be paid within 30 days of cancellation or withdrawal.

• Students receiving loans or other financial aid through the GTU Financial Aid Office may be subject to
additional restrictions (as for example per loan agreement) and must both check with and inform that office upon withdrawal from the program. It is the student’s responsibility to repay the full amount of any federal or state loan plus interest, less the amount of any refund. If a student defaults on a federal or state loan, the agency may take action (including wage garnishment) against the student, and they may not receive any other governmental financial aid at another educational institution until the loan is repaid.

The last date to cancel this agreement and receive a refund is 09/18/15.

STUDENT TUITION RECOVERY FUND (STRF)

• 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 of 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 program attending certain schools regulated by the Bureau for Private Postsecondary Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid 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 the 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.

NO claim can be paid to any student without a social security number or a taxpayer identification number.
REGULAR FEES
- Full-time Tuition (12 semester units x $690/unit) $8,280.00/semester
- Continuing Student Tuition $4,145.00/semester
  The MBS program, after 4 semesters of full-time, or equivalent part-time enrollment; student will pay a fixed rate, not prorated
- Field Work Tuition $750.00/3units

SPECIAL FEES
- Application fee, per program, non-refundable $40.00
- Registration fee, all students, non-refundable $100.00/semester
- Leave of Absence fee (for record maintenance, non-refundable) $100.00/semester
- Health Insurance: offered through GTU plan, for current information regarding costs, see http://www.gtu.edu/students/health-insurance
- Late Registration fee, non-refundable $100.00
- Change in Enrollment per change, non-refundable $50.00
- Graduation fee for MBS, non-refundable $150.00
- Removal of incomplete per course, non-refundable $15.00
- Certificate fee $50.00
- Transcript fee per copy, non-refundable $5.00
- Reinstatement fee $150.00

Cost for Student Tuition Recovery Fund is included in the non-refundable registration fee.

STUDENT EXPENSES: INFORMATION PROVIDED BY THIRD PARTIES, COSTS ARE ESTIMATES (per term)
- Housing $4,000.00
- Food $1,500.00
- Transportation $900.00
- Medical $1,250.00
- Miscellaneous $700.00
- Textbooks and supplies $500.00

TOTAL PER SEMESTER FEES FOR FULL-TIME ENROLLMENT = TUITION + NON-REFUNDABLE REGISTRATION FEE (BOTH FULL AND PART-TIME TUITION IS CALCULATED ON A PER SEMESTER UNIT BASIS; FOR 2015-16: THAT RATE IS $690 PER UNIT. EXAMPLE: FULL TIME STATUS IS 12 UNITS x $690 = $8,280/SEMESTER; $4,145/SEMESTER FOR CONTINUING), PLUS THE COST OF OTHER SPECIAL FEES AS APPLICABLE. FULL-TIME STATUS IS NEEDED TO COMPLETE THE MBS PROGRAM ON SCHEDULE, FOR EXAMPLE AT CURRENT TUITION RATE: 2 YEARS x 2 SEMESTERS/YEAR @ $8,280/SEMESTER = $33,120; 3 YEARS x 2 SEMESTERS/YEAR @ $8,280/SEMESTER = $49,680. AS TUITION GENERALLY INCREASES EACH YEAR DUE TO INFLATION, ACTUAL TOTAL COSTS WILL BE MORE, AND PART-TIME STATUS WILL ALSO RESULT IN GREATER COSTS. NOTE THAT HEALTH INSURANCE IS REQUIRED, AND MAY BE OBTAINED EITHER THROUGH GTU PLAN OR ON ONE'S OWN. TOTAL DUE UPON ENROLLMENT: TUITION AND NON-REFUNDABLE REGISTRATION FEE, AND PROOF OF HEALTH INSURANCE.

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.

______________________________________________  _______________________________________
Student's signature                          Date

______________________________________________  _______________________________________
Name of school official                      Title of school official

Signature of school official                  Date

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