



Capital Education Institute
Legal name: Capital University
BPPE School Code: 18469486
SEVIS School Code: LOS214F52958000

STUDENT ATTENDING:

Main Location

13791 Roswell Ave Suite E, Chino, CA, 91710
Tel: (909) 465-1370 Fax: (626) 605-3303
email address: info@capitaleducationinstitute.us
website: <http://www.capitaleducationinstitute.us>

Bureau for Private Postsecondary Education

Capital Education Institute is a private institution and is approved to operate by the Bureau for Private Postsecondary Education (BPPE). The approval to operate indicates that the institution is in compliance with the minimum state standard as set forth in The California Private Postsecondary Education Act of 2009 and Title 5 of the California Code of Regulations. Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to:

Physical Address: 1747 North Market Blvd., Suite 225, Sacramento, CA 95834
Mailing Address: P.O. Box 980818, West Sacramento, CA 95798-0818
Phone Number: (916) 431-6959 Toll Free: (888) 370-7589
Fax Number: (916) 263-1897 Website: <http://www.bppe.ca.gov/>

STUDENT GENERAL INFORMATION

Student Last Name	Student First Name and Middle Name
Student Usual Name	Social Security Number

U.S. Address:

Home Telephone Number	Cell Phone Number	Main Email Address
Date of Birth (MM/DD/YYYY)	Country of Birth:	Gender ☐ Male ☐ Female Immigration Status ☐ Citizen ☐ Green Card ☐

Emergency Contact:

Name: Phone Number: Relationship:

Education Level:

☐ Master ☐ Bachelor ☐ Associate / College ☐ High School School Name: _____ Graduated Year: _____

INTERNATIONAL STUDENT

Application Type: ☐ New ☐ Transfer ☐ Change of Status	Student VISA Type: ☐ F-1 ☐ M-1
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Home Country Address: (Please print in English & Chinese including Zip Code)

Home Country Contact Number:	Country of Citizenship:	Passport Information: Passport No: _____ Expiration Date: _____
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Are you currently in US:

☐ No ☐ Yes, until _____ Visa Type: _____ Expiration Date: _____

Spouse / children accompanying you and require dependant Visa

Last Name First Name Date of Birth Country of Birth Country of Citizenship Relationship

Where do you want us to send the form I-20?

☐ Home Country ☐ U.S. Address ☐ Will Pick Up

Delivery Method (will be charged for each I20 you obtained afterward)

☐ Regular Mail (Oversea: \$10 USD. About 7-10 working days) ☐ Express Mail (Oversea: \$70 USD or above. About 3 working days)

Send this application along with the following supporting documents to the international student office at above address. ☐ Copy of passport, (Only the page with your picture) ☐ Original Bank Certification/Statement ☐ Financial Guarantee Form		If you are currently in the U.S., please also send: ☐ Copy (front and back) of your I-94 card (Please print your I-94 card: https://i94.cbp.dhs.gov/I94/request.html) ☐ Copy of your current U.S. visa ☐ Copy of current I-20 or other immigration document ☐ Transfer-In Form along with the required supporting documents to the International Students Office.	
PROGRAM INFORMATION			
Program Name:	Montessori Early Childhood Teacher Education Program		
Language of Instruction:	English	Method of Delivery	Site-based
Start Date:	(YYYY / MM / DD)	End Date:	(YYYY / MM / DD)
Program Duration:	☐ Full Program Academic: 349 Hours Practicum: 540 Hours/9 consecutive months half day Mon. - Fri. (Sep. to Jun.)		☐ Credit Transferred Academic: ____ Hours Practicum: ____ Hours/9 consecutive months half day Mon. - Fri. (Sep. to Jun.)
Admission Requirements: (The student has represented to the institution that they meet the admission requirements) TOEFL 40 / ESL Level 4 / 70% score on C.E.I English Test or has completed the Capital Education Institute IMCP program or has successfully completed the Capital Education Institute IMCP program; Student enrollment contract; Diplomas and transcripts in English; Three English letters of references testifying to the suitability of the applicant for work in the early childhood field; Written interview and statement of intent; Photocopy of personal ID; Physician's health declaration; A valid criminal record check clearance; Program Student Catalog Acknowledgement and interview with the Director of Student Affairs.			
TUITION AND FEES		Local	International
Registration Fee: (non-refundable)		USD \$ 250.00	250.00
MACTE/ AMS Registration Fee: (subject to change upon notice) (non-refundable)		USD \$ 560.00	560.00
Montessori Manuals and Handouts Fee:		USD \$ 600.00	600.00
Tuition Fee:		USD \$ 7,200.00	9,200.00
Graduation Fee: (subject to change upon notice)		USD \$ 100.00	100.00
STRF Fee: (subject to change upon notice) (non-refundable)		USD \$ 0	0
Non-refundable:		USD \$ --	600
- Acceptance Letter & I20			1,500
- International Administrative			
Other Fees Payable: (if applicable)		USD \$	250
- Status Adjustment (non-refundable)			100
- F1 Reinstatement (non-refundable)			
TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE ESTIMATED		USD \$ 8,710.00	12,810.00
TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM		USD \$ 8,710.00	12,810.00
TOTAL CHARGES OBLIGATED TO BE PAID UPON ENROLLMENT		USD \$	
SIGNATURE OF STUDENT:		DATE	
YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN YOU ARE RESPONSIBLE FOR REPAYING THE LOAN PLUS ANY INTEREST LESS THE AMOUNT OF ANY REFUND. If the student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur: 1) The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan. 2) The student may not be eligible for any other federal student financial aid at another institution or other government assistance until			

the loan is repaid.		
Method of Payment: ☐ Check ☐ Cash ☐ VISA (+3% Fee) ☐ Wire Transfer(+ \$10 Fee)		
Payment Schedule? ☐ No ☐ Yes (if yes, set out terms below. If space is insufficient, attach the schedule as an addendum)		
Payment Due Date:	Amount	Note
• NSF checks will be charged USD \$25 per. The student acknowledges and agrees to pay the fees indicated above within the terms of this enrolment contract.		
STRF DISCLOSURE		
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 cost. 4) There was a decline in the quality of the course of instruction within 30 days before the school closed or, if the decline began earlier than 30 days prior to closure, the period of decline determined by the Bureau. 5) An inability to collect on a judgment against the institution for a violation of the Act. 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 prepays 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.		
STUDENT'S RIGHT TO FILE COMPLAINT		
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. Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to: Bureau for Private Postsecondary Education Physical Address: 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833 Mailing Address: P.O. Box 980818, West Sacramento, CA 95798-0818. Phone Number: (916) 431-6959 Toll Free: (888) 370-7589 Fax Number: (916) 263-1897 Website: http://www.bppe.ca.gov/		
STUDENT'S RIGHT TO CANCEL		
The institution shall refund 100 percent of the amount paid for institutional charges, less a reasonable deposit or application fee not to exceed two hundred fifty dollars (\$250), if notice of cancellation is made through attendance at the first class session, or the seventh day after enrollment, whichever is later. Cancellation is effective on the date written notice of cancellation is sent. The institution shall make the refund as per the calculation consistent with the California Code of Regulations. If the institution delivered the first lesson and materials before an effective cancellation notice was received, the institution shall make a refund within 45 days after the student's return of the materials. If the 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. A notice of cancellation shall be in writing, and a withdrawal may be effectuated by the student's written notice or by the student's conduct, including, but not necessarily limited to, a student's lack of attendance. The institution shall issue a refund for unearned institutional charges if the student cancels an enrollment agreement or withdraws during a period of attendance. The refund policy for students who have completed 60 percent or less of the period of attendance shall be a pro rata refund. The institution shall pay or credit refunds within 45 days of a student's cancellation or withdrawal.		

Student must cancel or withdrawal by _____	
REFUND POLICY	
The amount owed to the student equals the institutional charge for the instruction divided by the total number of clock hours in the period of attendance multiplied by the number of clock hours the student has not attended prior to withdrawal. No refunds are due once the student has received more than 60% of the clock hours of instruction in any given period of attendance. For purposes of determining a refund, a student shall be considered to have withdrawn from an educational program when he or she withdraws or is deemed withdrawn in accordance with the withdrawal policy stated in this institution's catalog. A notice of cancellation shall be in writing and should be delivered to: Capital Education Institute Address: 13788 Roswell Avenue, Suite 187, Chino, CA, 91710 Email: info@capitaleducationinstitute.us If an institution has collected money from a student for transmittal on the student's behalf to a third party for a bond, library usage, or fees for a license, application, or examination and the institution has not paid the money to the third party at the time of the student's withdrawal or cancellation, the institution shall refund the money to the student within 45 days of the student's withdrawal or cancellation. This institution shall refund any credit balance on the student's account within 45 days after the date of the student's completion of, or withdrawal from, the educational program in which the student was enrolled.	
NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CERTIFICATE	
The transferability of credits you earn at Capital Education Institute is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in Capital Education Institute's Montessori Early Childhood Teacher Education or Learning English with Children programs is also at the complete discretion of the institution to which you may seek to transfer. If the certificates that 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 Capital Education Institute to determine if your certificate(s) will transfer.	
STUDENT DECLARATION	
I DECLARE THAT: - I have read, understood, and agreed to the terms and conditions of this enrolment contract; - I have received a signed copy of this contract; - I have represented to the institution and provided evidence to prove that I meet all of the admission requirements for this program of study; - The information provided is true and accurate and I am 19 years of age or older. If under the age of 19, a parent or legal guardian must also sign the contract; and 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. This document contains a statement of the institution's cancellation and refund policy and how it applies. I acknowledge that this is not a public school. 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, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement. Student's Initials _____ 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.	
PRINTED NAME	
SIGNATURE OF STUDENT	DATE
INSTITUTION DECLARATION	
The institution agrees to deliver the program according to the terms of this contract. The institution reserves the right to make minor adjustments to the program curriculum and/or delivery. The institution certifies that the student has met the admission requirements for the program of study.	
PRINTED NAME OF INSTITUTION REPRESENTATIVE Yenping Yang	POSITION TITLE Director of Student Affairs
SIGNATURE OF INSTITUTION REPRESENTATIVE	DATE SIGNED
This contract is legally binding when signed by the student and accepted by the institution.	