

# CGMS Leadership Tuition Form

**You may print this form and fill it out manually, or you may fill it out electronically. If you do so, please note that you **MUST** download the form first. Forms that are filled out in a web browser often lose their information when saved.**

**Either way, when filled out and signed, please send a copy to [admissions@cgms.edu](mailto:admissions@cgms.edu), fax to 941-827-2981, or mail to:**

**CGMS  
4532 West Kennedy Blvd.  
Suite 233  
Tampa, FL 33609**



# CGMS Leadership Program Tuition Agreement

*Please note that this document is due at the time of enrollment.*

Adult Learner Name \_\_\_\_\_

Program Applying for (Associate or Full Certificate) \_\_\_\_\_

Party responsible for payments (if multiple parties paying, indicate percentage of responsibility)

Applicant

Sponsoring School – Head of School or Contact Person /phone number/email \_\_\_\_\_

Other - Payer name and phone number \_\_\_\_\_

Other payer relationship to adult learner \_\_\_\_\_

## Important Note

All funds are denominated in and must be rendered in US currency. Foreign bank drafts, including those from Canada, must account for currency differences and the cost of settlement.

## Withdrawals and Refunds

Application Fees are non-refundable. All tuition and fees (less the application fee) paid by the applicant shall be refunded if requested within 3 business days after signing a contract. All refunds shall be returned within 30 days. All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing a contract with the school. All other refunds are due according to the following schedule:

### Withdrawal after the Residential Session

Withdrawal after attendance at a residential session will result in responsibility for \$1600 per session attended. This will be taken into consideration when calculating refunds or balance due, along with the following policies regarding withdrawal during the distance-learning phase.

### Withdrawal during the Distance Learning Phase

- Before the end of week # 2 of the distance learning phase - 90% of the base tuition will be refunded. A withdrawing adult learner is responsible for paying 10% of the total base tuition.
- Before the end of week #8 or end of the first module of the distance learning phase, 80% of the base tuition will be refunded. A withdrawing adult learner is responsible for paying 20% of the total base tuition.
- Before the end of the second module, 60% of the base tuition will be refunded. A withdrawing adult learner is responsible for paying 40% of the total base tuition.
- By the end of the third module, 30% of the base tuition will be refunded. A withdrawing adult learner is responsible for paying 70% of the total base tuition.
- By the end of the end of the fourth module, 20% of the base tuition will be refunded. A withdrawing adult learner is responsible for paying 80% of the base total tuition.
- No refunds will be made for withdrawals after the fourth module, and adult learners making payments are still responsible for the entire tuition.

Please sign this page to indicate understanding and agreement \_\_\_\_\_

## Preferred Payment Option

The application fee of \$100 is due with this application.

The first payment as listed below **must** be scheduled as soon as the Tuition Agreement is submitted to Finance, and must be paid no later than 30 days. CGMS may, at its discretion, break larger credit card tuition payments into smaller amounts without additional charges to the adult learner. We are happy to create custom payment plans on request; contact us at [financialaid@cgms.edu](mailto:financialaid@cgms.edu) to discuss your needs. If such a plan has been created, CGMS will provide a substitute agreement for this form.

## Tuition and Fee Schedule

### Tuition

- School Leadership Full ~~\$8,675~~ **Only \$8,241 if you enroll before the end of October, 2020!**

If Field Consultants need to travel more than 100 miles, then reasonable travel expenses will also need to be covered.

### Fees

#### Service fee - Please check your desired payment schedule

	# payments	Schedule	Service fee
<input type="checkbox"/>	1	one time	\$0
<input type="checkbox"/>	3	Every 3 months	\$200
<input type="checkbox"/>	6	Bi-monthly	\$300
<input type="checkbox"/>	16	Monthly	\$500

*Note: the service fee is a one-time charge added to the total bill.*

Other payment plan as discussed and agreed upon with a CGMS tuition counselor (details below)

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### Professional Fee

This fee covers the cost of registering you with our accrediting bodies. Additional Professional fees will apply when transferring to a different certification level and/or returning after an absence of 2 years.

- \$250

Please sign this page to indicate understanding and agreement \_\_\_\_\_

**Total (Tuition + Fees)** \_\_\_\_\_

**Amt. per payment (total divided by # of payments)** \_\_\_\_\_

Example:

*Sara is taking the CGMS Full Certificate Leadership course. She wishes to pay in three installments. Her total cost is (\$8,675 tuition) + (\$200 service fee) + (\$250 professional fee) or \$9,125. She will pay in three installments of \$3,041.67 each*

**Multiple Parties Paying?**

- Yes      If multiple parties are contributing to the tuition then all must sign this document. Please describe in detail here the arrangement of responsibility.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preferred Payment Method**

- Check      Make payable to The Center for Guided Montessori Studies and ensure that all funds are in US dollars. Please note payments should be mailed to the North Carolina address rather than the Florida office.

- Visa                       Master Card                       American Express

**Please sign this page to indicate understanding and agreement** \_\_\_\_\_

**Credit Card Details**

Complete the information below for credit payments:

Name on the Card \_\_\_\_\_

Credit/Debit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

**Referring person:**

Did anyone refer you to the CGMS program, if so who? \_\_\_\_\_

**Please sign the following statement. By signing you agree to the statement below.**

*The information given in this application and tuition agreement form is correct. I understand that a \$100 application fee is due with this document, and that unless I am a resident of the state of Michigan this application fee is entirely non-refundable if I am not accepted. I understand that if I am accepted in the program I am responsible for the full tuition and agree that payments will be made in a timely manner. I agree to the refund policy in this document. I understand that an unpaid balance maybe submitted to a collection agency, and that said unpaid balance may result in termination of enrollment, and/or delay certification upon completion of course requirements.*

Applicant's Signature \_\_\_\_\_

Signature - Head of School from Sponsoring School (if applicable) \_\_\_\_\_

Date of understanding and agreement of this document \_\_\_\_\_

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