APPLICATION FOR ADMISSIONS

THIS AGREEMENT, TOGETHER WITH THE SCHOOL CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND THE SCHOOL UPON ACCEPTANCE BY THE SCHOOL.

______READ THE APPLICATION THOROUGHLY BEFORE ANSWERING QUESTIONS______

Student Information

Name: ________________________________________________________________

Address: ________________________________________________________________

STREET ADDRESS                               CITY/STATE         ZIP/POSTAL CODE

Other Names that Might Appear on a Transcript:______________________________

Telephone: (Home) ________________ (Cell Phone): _______________________________

(e-mail): ________________________________________________________________

Date of Birth: ________________   Circle One:   Male   Female

PLEASE LIST THE FOLLOWING INFORMATION:

<table>
<thead>
<tr>
<th>DEGREE</th>
<th>DATE RECEIVED</th>
<th>GPA</th>
<th>INSTITUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baccalaureate: _________________</td>
<td>__</td>
<td>________________________________</td>
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<tr>
<td>Masters:          _________________</td>
<td>__</td>
<td>________________________________</td>
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<tr>
<td>Doctoral:         _________________</td>
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<tr>
<td>Other:            _________________</td>
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Program Information (School Only)

Program Title: CLINICAL SEXOLOGY  Length: 6 Semesters  Semester Hours: 60

Class Schedule: ( ) Full time     ( ) Part time     ( ) Day Classes     ( ) Evening Classes

Hours per Month _____          Start Date: ___/___/ ___          Projected Ending Date: ___/___/___

Tuition                     $ 2,000.00_____  The tuition for the Clinical Sexology Program is $200.00 per semester credit hour. The total Tuition Program cost is $12,000.00.

Application Fee      $     100.00_____  (Nonrefundable)

Total Program Cost   $ 2,100.00_____

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Books and course materials are purchased by the student, and are not included in the Tuition/Fee Schedule.

ADMISSION REQUIREMENTS

All students entering AMERICAN ACADEMY OF CLINICAL SEXOLOGISTS must meet the following admission requirements:

In order to be considered for enrollment in a Doctoral Degree level program at all applicants must:

1. Complete an application for admissions;

2. Present photo Identification and Social Security card;

3. Provide verification (official transcript) of an earned Bachelor Degree and a Masters Degree from a College or University accredited by an agency recognized by the U.S. Department of Education;

4. Two letters of recommendation from persons of a Ph.D. level. Preferably these should come from current and/or formal employers, current and/or previous faculty and/or advisors;

5. Have a cumulative grade point average of 3.0 or better in previous graduate studies or have a score in the 70 percentile or higher in the past 5 years on one of the following graduate entrance exams: Graduate Record Exam (GRE); Graduate Management Admission Test (GMAT), Miller Analogies Test (MAT) or other standardized and recognized graduate admissions instrument.

6. Applicants with a Masters Degree and a cumulative GPA of 3.4 or higher in that degree will not be required to complete a graduate admissions exam.

7. International Students whose native language is not English will be required to take Test of English as a Foreign Language (TOEFL) and receive a score of 500 or higher; or 173 or higher on the computerized version of TOEFL.

8. An interview with Admissions Officer.

9. Applicants must submit proof of current and applicable licensure with their application materials. Note regarding applicants for Clinical Sexology Program: Applicants for the Ph.D. in Clinical Sexology are required to be licensed clinical professionals in the field of clinical “counseling” or medicine. These licenses include licensed clinical social workers, marriage and family therapists, licensed mental health counselors and clinical psychologists to provide clinical sexology as an addendum to their already licensed clinical practice under Chapter 491 (FS) rule 64B4-7.004, Chapter 490 (FS) rule 64B19-18.002. The program does not prepare unlicensed students to meet initial licensing requirements in any field regulated by Chapters 490 or 491. Applicants must submit proof of current and applicable licensure with their application materials.

Auditing: Licensed mental health professionals will be permitted to audit classes on a non-graduate credit basis. Proof of current and applicable licensure is required.
TERMS OF TUITION PAYMENTS

The following payment options are available for all students:

1. Students may choose to pay for the entire program in full at anytime. However there is no reduction in fees based on prepayment. The Academy reserves the right to increase the cost per credit, application fee, and/or education fees on an annual basis.

2. Tuition for the upcoming semester is due in full no later than one week prior to the semester start date. It is understood that graduation may be delayed; grades and/or transcripts may be withheld, if all financial obligations are not fulfilled in a timely manner, as set forth above.

Tuition Due Dates for the Academic Calendar Year

<table>
<thead>
<tr>
<th>Semester</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Fall Semester</td>
<td>August 15</td>
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<tr>
<td>Winter Semester</td>
<td>December 15</td>
</tr>
<tr>
<td>Spring Semester</td>
<td>April 15</td>
</tr>
</tbody>
</table>

CANCELLATION AND REFUND POLICY

Should a student’s enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

1. Cancellation can be made in person, by Certified Mail or by termination.

2. All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the student application and making initial payment.

3. Cancellation after the third (3rd) Business Day, but before the first class, results in a refund of all monies paid, with the exception of the application fee.

4. If a student withdraws prior to completion of the first week (drop/add period) of the semester, the Academy will refund 100% of the tuition for the semester.

5. Once the drop/add period is over, there will be no tuition adjustment for the reduction in class hours even if the student did not attend the class past the drop/add period.

6. Termination Date: In calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation unless earlier written notice is received.

7. Refunds will be made within 30 days of termination of student’s enrollment or receipt of Cancellation Notice from student.

8. A student’s enrollment can be terminated at the discretion of the governing board of the school for insufficient academic progress, non-payment of academic costs, or failure to comply with rules.

Textbooks are the property of the student, and can not be returned as part of the refund.
GROUND FOR TERMINATION

I agree to comply with the rules and policies and understand that the American Academy of Clinical Sexologists shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies as outlined in the catalog. I understand that the Academy reserves the right to modify the rules and regulation, and that I will be advised of any and all modifications.

EMPLOYMENT ASSISTANCE

I understand that the American Academy of Clinical Sexologists has not made and will not make any guarantees of employment or salary upon my graduation. The Academy will provide me with placement assistance, which will consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities.

ACKNOWLEDGEMENT

This contract contain the entire agreement between the American Academy of Clinical Sexologists and myself, and no further modification or representation except as herein expressed in writing will be recognized.

NOTICE TO PROSPECTIVE STUDENTS: DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.

_______________________________________
Signature of Applicant                            Date

_______________________________________
Signature of School Official                    Date