

THE BRENNAN INSTITUTE™



2019-20 TRAINING PERIOD

STUDENT APPLICATIONS:

PROFESSIONAL STUDIES YEARS 1-3

ADVANCED STUDIES YEARS 1&2

2019–20 Brennan Institute Training Calendar & Information Sheet

Professional Studies Years 1–3 • Advanced Studies Years 1–2

Resident Training Weeks (All Years)

October 2–6, 2019
November 13–17, 2019
January 15–19, 2020
March 25–29, 2020
May 20–24, 2020

Distance Learning Modules Due Dates

Professional Studies Year 1:

DLM 1: September 2, 2019
DLM 2: September 16, 2019
DLM 3: October 14, 2019
DLM 4: October 28, 2019
DLM 5: December 23, 2019
DLM 6: March 2, 2020
DLM 7: April 27, 2020

Professional Studies Years 2 & 3:

DLM 1: August 19, 2019
DLM 2: September 2, 2019
DLM 3: September 16, 2019
DLM 4: October 28, 2019
DLM 5: December 23, 2019
DLM 6: March 2, 2020
DLM 7: April 27, 2020

Advanced Studies Years 1 & 2:

DLM 1: September 2, 2019
DLM 2: September 2, 2019
DLM 3: September 2, 2019
DLM 4: October 28, 2019
DLM 5: December 23, 2019
DLM 6: March 2, 2020
DLM 7: April 27, 2020

PROGRAM COSTS	PS YEAR 1	PS YEAR 2	PS YEAR 3	ASBIW YEAR 1	ASBIW YEAR 2
RESIDENT TRAINING AND DLM TUITION (includes daily lunch, tea, and snack breaks)	US\$ 7900.00	US\$ 7900.00	US\$ 7900.00	US\$ 7900.00	US\$ 7900.00
TEXTBOOKS	Approx. US\$ 205.00	Approx. US\$ 245.00	Approx. US\$ 195.00	Approx. US\$ 250.00	Approx. US\$ 250.00
PERSONAL PROCESS WORK	Approx. US\$ 75– US\$ 125/session (18 sessions required)	Approx. US\$ 75– US\$ 125/session (18 sessions required)	Approx. US\$ 75– US\$ 125/session (18 sessions required)	Approx. US\$ 75– US\$ 125/session (18 sessions required)	Approx. US\$ 75– US\$ 125/session (18 sessions required)

EMAIL OR FAX ALL FORMS TO:

Registrar's Office: The Brennan Institute
500 N.E. Spanish River Boulevard, Suite 208, Boca Raton, FL 33431-4559 • USA
Telephone: 800-924-2564 (USA only), +1 561-620-8767 • Fax: +1 561-431-0877
Email: registrar@barbarabrennan.com



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1.561.620.8767 • Fax: 1.561.431.0877 • E-mail: bbsh.office@barbarabrennan.com

Please answer all questions and PRINT clearly with blue or black ink. Mark NA if not applicable.

I AM REGISTERING FOR: Professional Studies Year 1 Professional Studies Year 2 Professional Studies Year 3
 Advanced Studies Year 1 Advanced Studies Year 2

STUDENT INFORMATION

First Name _____ MI _____ Last Name _____

Address _____

City/State _____ Zip/Postal Code _____ Country _____

Home Phone _____ Mobile Phone _____

Email _____ / _____ / _____

Age _____ Date of Birth (Month/Date/Year) _____

Name You Would Like on Your Nametag (if different from name listed) _____

Add my name to the list of students needing roommates, and send me the list (Year 1 students only).
(Please notify the School Registrar upon obtaining a roommate.)

EDUCATION/OCCUPATION INFORMATION - ONLY YEAR 1 STUDENTS NEED TO PROVIDE THE SHADED EDUCATION INFORMATION

YR 1 applicants must have a High School Diploma, GED Diploma, or International Equivalent. As proof of completion, I have attached a copy of my:

High School Diploma or Transcript GED Exam College Diploma or Transcript Other _____

If transcript or diploma is issued under a different name than your name above, specify name here: _____

Occupation: _____ For how long? _____

Are you a healthcare professional? Yes No List all healthcare/helping professions experience: _____

List credentials for psychological training (MSW, Ph.D in Psychology, CIL, Pathwork Helper®, Core Energetics, etc.): _____

(NEXT PAGE PLEASE...)



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HEALTH INFORMATION

List medications currently being taken, and the conditions prescribed for:

List medications taken within the past two years, when you took them, and the conditions they were prescribed for:

List present physical problems:

Have you ever been hospitalized for psychological difficulties?

Yes No If yes, for what and when? _____ List date(s): _____

Have you ever been treated for psychological difficulties?

Yes No If yes, for what and when? _____ List date(s): _____

ADDITIONAL INFORMATION

List the therapeutic/spiritual groups in which you presently participate for support, and any training or study in spiritual growth, healing or healthcare you have had:

SIGNATURE: _____ / /
Student Signature (Student must be 18 years of age older) Date

Student Name (Please print)

IN CASE OF EMERGENCY, CONTACT:

First Name	Last Name	Relationship to You
Address		
City/State	Zip/Postal Code	Country
Home Phone	Mobile Phone	Email

Advanced Studies Year 1 Applicant Questionnaire



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These questions are to be answered only by applicants for the Advanced Studies Program Year 1. Please attach to this application a separate sheet of paper containing your responses to the following questions:

1. What is/are your current occupation(s) and vocation(s)?
2. Do you currently have a BHS practice, or any other energy, psychodynamic, or therapeutic practice? Please describe, and list the approximate number of clients you work with per week, on average.
3. Please list any academic degrees and credentials, professional licenses, or certifications.
4. Have you completed (or are you now taking) any relevant professional training program? Please describe and list dates and length of training.
5. List your Year 4 Small Class Teachers and Case Leader(s).
6. Have you been utilizing process or therapy sessions and/or supervision sessions since your graduation? How often?
7. What are your “development edges” in your personal development at the present moment?
8. What is your intention for applying to the Advanced Studies Program at this time? What are your specific expectations and desires for your ongoing professional development?
9. Is there anything else you would like us to know about you, and your current life circumstances over the past three to six months?



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Please sign and date this page.

1. The individual undersigned acknowledges that Barbara Brennan, Inc. (BBI), Barbara Brennan International, Inc. (BBI), and the Barbara Brennan School of Healing (BBSH), (hereinafter collectively, unless noted differently, referred to as “the School”) has made or is going to make video and audio recordings of its various programs including classes, workshops or other programs in which the individual undersigned is now, has been or hereafter may be involved or may participate in, and BBI intends to copyright the material presented and to use some or all of that material in connection with future classes, workshops, book publications and commercial tapes, and in connection with other ventures which may or may not be commercial.

The individual undersigned authorizes the School and/or its designees and/or its assignees to record, by audio, video, photographic or other means, the classes, workshops and other programs and the individual undersigned’s participation in them, to copyright such recordings, and to use, reuse, publish and republish and rerecord them, in whole or in part, with or without other material, in any medium for any purpose. This authorization expressly includes the right to record, reproduce or otherwise use the individual undersigned’s face, name, likeness and voice.

The individual undersigned hereby releases and discharges the School and its designees or assignees from any and all claims and demands arising out of or in connection with the use of the foregoing and waives any rights the individual undersigned may have against the School arising out of the use and publication of said material in any manner, whether for commercial exploitation or otherwise.

This Authorization/Release/Waiver shall be for the School’s benefit and that of its designees and any legal representatives, assignees and/or licensees of the School or such designee.

2. Any recording of any activities at or in connection with the School that the individual undersigned obtains (whether by purchase or otherwise) will be for personal use only, and will not be used in any audio, video, or other reproduction or personal use, except upon securing BBI’s prior written consent. The individual undersigned will not reproduce it and will not lend, sell or otherwise dispose of it to anyone, or make a transcript of any such recording except for personal use only. If the individual undersigned makes a transcript, it will not be sold, lent or reproduced, or otherwise disposed of.
3. This agreement benefits and binds both parties. As to the individual undersigned, it will apply to all classes, workshops and other programs in which the individual undersigned participates during any and all years in which he/she attends the School, at all locations in which any of the School’s activities are carried out or held.

I understand that I am signing this Authorization/Release/Waiver to cover my participation in all the School programs.

SIGNATURE: _____
Individual Undersigned Signature Individual Undersigned Name (Please print) Date



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Please sign and date this page.

I have registered for a Brennan Healing Science Program, which includes classes and other related activities (hereinafter collectively called “the Program”) offered by Barbara Brennan, Inc. (BBI), Barbara Brennan International, Inc. (BBII), and the Barbara Brennan School of Healing (BBSH), (hereinafter collectively, unless noted differently, referred to as “the School”).

I have been informed that the general nature of the Program and the techniques used therein are designed to provide training in the art of Brennan Healing Science and will present situations that may be physically or emotionally stressful at various stages of the Program. The School has informed me that the Program is designed for healthy and emotionally stable people and that a person who, as a result of a physical, mental, or emotional disorder, is unable or unwilling to explore emotionally stressful situations or unable to deal with other aspects of the Program should not enroll in the Program, or remain as a participant in the Program. I understand that if the School determines that I need even more personal support it can require, at any time throughout the Program, that I participate in weekly bodywork or psychotherapy sessions with a practitioner approved by the School or see a physician or other healthcare professional of my choice in order to remain a student in the Program. If at any time I feel that I am unwilling or unable to engage in any exercise or aspect of the Program, or if I experience any unwanted symptoms or unusual discomfort or stress, I agree to inform the person leading the Program at once.

I represent to you that I am not now nor have I been hospitalized for a mental disorder within the past five years. I am not currently taking psychotropic medications classified as anti-psychotic within the proscribed period and no such treatment has been recommended. The proscribed period shall be two years. I understand that this prohibition shall apply to the time period commencing with this application through my participation in the Program.

I also understand that in the case of other psychotropics, which include anti-anxiety agents, anti-manic agents, anti-depressants, psychostimulants, anti-panic medications, seizure disorder medications, or prescription sedatives, there will be an interview to determine eligibility to enroll. I further represent that I am physically and mentally healthy, that I have no knowledge or reason to believe I am emotionally unstable, and that I will consult my own physician or other healthcare professional if there is any question in my mind about my physical or emotional ability to participate in the Program.

I acknowledge that the Program will involve students practicing on each other and that therefore there will be occasions when one or more other students will be practicing on me. I consent to this and I agree that the School will not be liable or responsible in any way for any aspect or outcome of this student practice.

I acknowledge the importance of the confidentiality of the identity and conversation of other participants in the Program and agree not to divulge or discuss what goes on in the Program outside of the classroom. I further agree not to use any mailing list of students in the Program without the consent of the students.

I understand that it is the School’s position that I am not prepared or permitted to provide Brennan Healing Science services until I have graduated from the 4-year Professional Studies Program or the Bachelor of Science Degree Program. I understand that the School, or any of its instructors or employees, cannot be used as a reference or credential in any form, including on a resume or curriculum vitae or as a reference or representation to any third party, nor may I represent or hold myself out to any third party that I have trained as a healer, unless and until I have graduated from the 4-year Professional Studies Program or the Bachelor of Science Degree Program.

I understand and agree that it is my responsibility to follow all applicable laws, codes, ordinances and regulations in relation to my practice of, including my observation of, and whether or not for financial gain, the information taught by the School.

I understand and agree that all written or other materials which may be presented during the Program are the property of BBI. I understand and agree that video recording, audio recording, and photographing of all or any portion of the Program is strictly prohibited. I agree not to reproduce, copy, or otherwise duplicate, publish, or disseminate in any way any such materials without the express written permission of BBI, and I further agree not to use the name of, or hold myself out to be an agent, employee, or representative of the School without the express written permission of the School. Under no circumstances will I teach any of the Barbara Brennan materials or conduct any workshops or seminars using Barbara Brennan materials. I am aware that I may not, for any reason, use Barbara Brennan’s name for purposes of advertising for any of my personal workshops. I understand and agree that during and after attending the School and even after I have graduated from the Program, I cannot conduct any practice of any kind unless the laws and regulations of my state and country allow me to do so; my attendance at the Program by itself confers no such right or entitlement to do so.

If for any reason Resident Training classes have to be rescheduled due to circumstances beyond the School’s control, such as inclement weather, personal tragedy, or illness, classes will be rescheduled at the sole discretion of the School. Any such rescheduling shall not in any way affect the student’s financial obligation.

I understand that you are relying on this agreement in accepting me into the School, and I agree that if I violate any one or more of these conditions at any time, and as a result thereof any claim is made or action is taken against the School and/or any of its principals, officers, directors, instructors, or employees, I will indemnify and hold harmless the School and/or any of its principals, officers, directors, instructors, or employees from any costs and expenses incurred (including attorneys’ fees).

I hereby assume for myself, heirs, executors, administrators, and assigns, all risk of physical and emotional injury which may occur during or after the Program. I agree to release and hold the School, its employees, and agents harmless from any liability, loss, cost, or damage arising out of my participation in the Program.

I understand and accept the foregoing rules and regulations as a condition to my acceptance into the School and as a continuing condition to my remaining in good standing as a student in the School. I understand that any alteration of this Informed Consent and Release automatically cancels my admission into the Program. I have not altered the terms of this Informed Consent and Release. I understand that I am signing this Informed Consent and Release to cover my participation for the entire duration of the Program and thereafter. I have read, understood and am accepting the “Adjunctive Requirements” and “School Standards and Policies” sections of the 2019–20 Brennan Institute Program Catalog. I am 18 years of age or older. I have read and consent to all conditions on this Informed Consent and Release.

SIGNATURE: _____

Individual Undersigned Signature

Individual Undersigned Name (please print)

Date

2019–20 Student Waiver and Release for Personal Process Work



THE BRENNAN INSTITUTE™ 500 N.E. Spanish River Boulevard • Suite 208 • Boca Raton, FL 33431-4559 • USA
1.561.620.8767 • Fax: 1.561.431.0877 • E-mail: bbsb.office@barbarabrennan.com

This Waiver and Release is made by and between the Barbara Brennan School of Healing and the Brennan Institute (including all of its affiliates, related entities, and successors) (collectively "BBSH"), and the student _____ (including the student's successors, heirs, assigns, and executors) (collectively "Student") who is currently enrolled in BBSH, or has satisfied the standards for acceptance into BBSH.

By accepting Student's application, BBSH undertakes to provide Student the education generally described in the Brennan Institute Catalog. By enrolling in the Brennan Institute, Student undertakes to abide by all BBSH academic policies and requirements. In partial consideration for these mutual undertakings, BBSH and Student expressly acknowledge, stipulate, and agree as follows:

1. BBSH requires Student to complete a minimum of eighteen (18) Personal Process sessions per school year with an independent, qualified Personal Process Practitioner, to support Student's personal process while at BBSH. In exceptional circumstances, BBSH may in its sole discretion require Student to obtain additional sessions to further support Student's personal process.
2. BBSH may generally prescribe the acceptable education(s), training(s), and credential(s) of the Personal Process Practitioners that Student may employ to satisfy this BBSH requirement.
3. BBSH does not recommend or require that Student employ any particular Personal Process Practitioner to satisfy Student's Personal Process Requirement. The choice of a qualified Practitioner is Student's sole responsibility and in Student's sole discretion, but the Practitioner must be qualified as set forth in the school catalog.
4. Student's Personal Process Practitioner is an independent professional, and does not act as an employee or agent of BBSH. Any client relationship is solely between Student and the Practitioner, and is held in strict confidentiality. BBSH is not privy to and exercises no oversight, direction, regulation, or control of any Practitioner's private work with Student. BBSH does not endorse, or assume any liability for the performance or actions of, any Personal Process Practitioner that Student may employ. The terms of this paragraph and this Waiver and Release include and fully apply to Personal Process Practitioners who have trained in or graduated from any BBSH program, including the BBSH Advanced Studies in Brennan Integration Work Program, and any other Personal Process Practitioner chosen by the Student to fulfill the requirements set forth in paragraph 1 of this Waiver and Release agreement. No such Practitioner provides any service to Student on behalf of BBSH or in his or her capacity as a BBSH faculty member or employee.
5. In consideration of the terms hereof, Student hereby waives, releases, remises, acquits and forever discharges and holds harmless BBSH (including all BBSH officers, employees, and agents acting within the scope of their employment or agency), from any and all losses, claims, demands, costs, attorneys fees, and liabilities whatsoever arising out of or relating to Student's choice of, work with, or interactions with any and all Personal Process Practitioners employed or used by Student.
6. Any claim or controversy arising out of, or relating to, this Waiver and Release, will be submitted to a court of competent jurisdiction in the State of Florida. If any provision of this Waiver and Release is held invalid, the remainder shall not be affected and will continue in full force and effect. This Waiver and Release may not be modified, changed, or altered except in a writing signed by the parties.

EACH PARTY HAS CAREFULLY REVIEWED AND UNDERSTANDS ALL PROVISIONS OF THIS WAIVER AND RELEASE, HAS HAD THE OPPORTUNITY TO CONSULT WITH LEGAL ADVISORS, AND FREELY AND VOLUNTARILY ENTERS INTO THIS WAIVER AND RELEASE.

By: _____
Student Signature

By: _____
Authorized Representative for BBSH

Printed Student Name

Date: _____

Date: _____



2019–20 Professional Studies Enrollment Agreement

(Page 1 of 2)

DISCLAIMER: Students are not prepared or permitted to provide Brennan Healing Science services until they have graduated from the 4-year Professional Studies Program. The Barbara Brennan School of Healing reserves the right to change programs, start dates, tuition, fees, and/or to cancel programs.

STUDENT INFORMATION

First Name	MI	Last Name	Home Phone
Address			Work Phone
			Mobile Phone
City	State	Postal Code	Fax
Country			Email

PLEASE CHECK THE YEAR FOR WHICH YOU ARE REGISTERING

Year 1 Year 2 Year 3

Payment/enrollment due date: September 1, 2019

2019–20 PROFESSIONAL STUDIES PROGRAM INFORMATION (YEARS 1–3)

PROGRAM TITLE: Brennan Healing Science Professional Studies

CLOCK HOURS: Year 1: 233 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together)
Year 2: 231 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together)
Year 3: 230 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together)

RESIDENT TRAINING: Oct. 2–6, 2019 Nov. 13–17, 2019 Jan. 15–19, 2020 March 25–29, 2020 May 20–24, 2020 (8AM-9PM Daily)

LOCATION: Resident Training is held at the Jurys Inn Oxford, Godstow Road, Oxford, United Kingdom
(Because of the nature of the intensity and complexity of Resident Training, we strongly recommend that all students stay on campus at the hotel for Resident Training.)

2019–20 CANCELLATION AND REFUND POLICY

Refund guidelines for student withdrawal/dismissal:

1. A student must withdraw from the program in person or send the Registrar a confirmed email to the Brennan Institute Registrar (registrar@barbarabrennan.com).
2. All monies (Resident Training and DLM Tuition) will be refunded if the School does not accept applicant or if applicant withdraws application within three (3) business days after the application is accepted by the School. After 3 business days, monies will be refunded on a pro rata basis of completion.
3. Cancellation after attendance has begun will result in a pro rata refund computed on the number of hours completed to the total program hours.
4. Cancellation after completing 50% of the program will result in no refund.
5. The termination date for refund computation purposes is the last date of actual attendance of Resident Training. The start date for refund computation purposes is the **Program Start Date** listed above. Resident Training percentage of completion includes all days scheduled prior to termination date, **whether or not the student has attended.**
6. Refunds will be made within 30 days of termination or receipt of cancellation notice.
7. A student can be dismissed at the discretion of the School Official for insufficient progress, nonpayment of costs, or failure to comply with School standards and policies.

(NEXT PAGE PLEASE...)



2019–20 Professional Studies Enrollment Agreement

PAYMENT METHOD

VISA MasterCard American Express Discover Wire Transfer*

- - -

Credit Card Number

-

Expiration date (Month/Year)

Last 3 digits on back of card
(4 digits for American Express)

Name (PRINT exactly as it appears on card) _____ Signature _____

PAYMENT OPTIONS • PLEASE CHECK ONE OF THE FOLLOWING THREE PAYMENT OPTIONS

<input type="checkbox"/> PAYMENT IN FULL		<input type="checkbox"/> PARTIAL PAYMENT		<input type="checkbox"/> Automatically charge my credit card for the balance of my tuition on December 1, 2019. (Complete credit card information above.)
US\$7900.00	7900.00 Resident Training and DLM Tuition	US\$3950.00	3950.00 Resident Training and DLM Tuition Deposit	
	+ 100.00 Late Fee (After September 1, 2019)		+ 100.00 Late Fee (After September 1, 2019)	
Total Amount Enclosed		Total Amount Enclosed • US\$3950.00 Tuition Balance Due by December 1, 2019		

<input type="checkbox"/> PAYMENT PLAN								
US\$1900.00	1900.00 Resident Training and DLM Tuition Deposit	<table border="1"> <tr> <th colspan="2">Your payment schedule will be:</th> </tr> <tr> <th>Number of Payments</th> <th>Each Payment Amount</th> </tr> <tr> <td>10</td> <td>US\$600</td> </tr> </table>	Your payment schedule will be:		Number of Payments	Each Payment Amount	10	US\$600
Your payment schedule will be:								
Number of Payments	Each Payment Amount							
10	US\$600							
	+ 100.00 Late Fee (After September 1, 2019)							
Total Amount Enclosed								
US\$6000.00 Tuition Balance Due • See payment schedule to the right <input type="checkbox"/> Automatically charge my credit card for the balance of my tuition payments on the first day of each month as specified in this payment plan. (Complete credit card information above.) First payment is due September 1, 2019. Additional payments are due on the first day of each month thereafter, for a total of 10 months. There is a US\$20.00 late charge for payments received after 10 days of due date.								

*For information on wire transfer of funds, please contact the Brennan Institute Finance Department.

Students must keep their tuition payments current at all times. Students who are not current with their tuition payments are not permitted to enter Resident Training classrooms and are not permitted to continue with the Distance Learning Modules. All prices for programs are printed herein. There are no additional carrying charges, interest charges, or service charges connected or third party charges at any time. For all payments made by wire transfer of funds, any fees deducted by the sending and receiving of funds due the school will be billed to the student's account. Cost of credit is included in the price costs for the goods and services. Costs for transportation, lodging, and meals during Resident Training; textbooks; personal process sessions; and A&P are not included in the tuition amount.

A Diploma is issued to each student who successfully completes the Program.

This Agreement constitutes a binding contract upon acceptance by the School. This Agreement may be executed in counterparts and/or by facsimile, any such counterpart or facsimile shall for all purposes, be deemed an original but all such counterparts or facsimiles together shall constitute but one and the same instrument for wire transfer.

Note: Tuition deposit must be included in order to process your application.

SIGNATURE

Print Your Name _____

I affirm that I have received and read a copy of this binding agreement and the 2019–20 Brennan Institute Catalog.

(X)

Student Signature _____

Date _____

FOR OFFICE USE ONLY. ACCEPTED BY:

School Official

Title

Date

Payment Amount Received: \$ _____



2019–20 Advanced Studies Enrollment Agreement

(Page 1 of 2)

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First Name	MI	Last Name	Home Phone
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			Mobile Phone
City	State	Postal Code	Fax
Country	Email		

PLEASE CHECK THE YEAR FOR WHICH YOU ARE REGISTERING

Year 1 Year 2

Payment/enrollment due date: September 1, 2019

2019–20 ADVANCED STUDIES PROGRAM INFORMATION (YEARS 1 & 2)

PROGRAM TITLE: Brennan Healing Science Advanced Studies

CLOCK HOURS: Year 1: 255 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together)
Year 2: 255 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together)

RESIDENT TRAINING: Oct. 2–6, 2019 Nov. 13–17, 2019 Jan. 15–19, 2020 March 25–29, 2020 May 20–24, 2020 (8AM-9PM Daily)

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3. Cancellation after attendance has begun will result in a pro rata refund computed on the number of hours completed to the total program hours.
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(NEXT PAGE PLEASE...)



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VISA MasterCard American Express Discover Wire Transfer*

____-____-____-____
Credit Card Number

____-____
Expiration date (Month/Year)

Last 3 digits on back of card
(4 digits for American Express)

Name (PRINT exactly as it appears on card) _____ Signature _____

PAYMENT OPTIONS • PLEASE CHECK ONE OF THE FOLLOWING THREE PAYMENT OPTIONS

<input type="checkbox"/> PAYMENT IN FULL		<input type="checkbox"/> PARTIAL PAYMENT	<input type="checkbox"/> Automatically charge my credit card for the balance of my tuition on December 1, 2019. (Complete credit card information above.)
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Students must keep their tuition payments current at all times. Students who are not current with their tuition payments are not permitted to enter Resident Training classrooms and are not permitted to continue with the Distance Learning Modules. All prices for programs are printed herein. There are no additional carrying charges, interest charges, or service charges connected or third party charges at any time. For all payments made by wire transfer of funds, any fees deducted by the sending and receiving of funds due the school will be billed to the student's account. Cost of credit is included in the price costs for the goods and services. Costs for transportation, lodging, and meals during Resident Training; textbooks; personal process sessions; and A&P are not included in the tuition amount.

A Diploma is issued to each student who successfully completes the Program.

This Agreement constitutes a binding contract upon acceptance by the School. This Agreement may be executed in counterparts and/or by facsimile, any such counterpart or facsimile shall for all purposes, be deemed an original but all such counterparts or facsimiles together shall constitute but one and the same instrument for wire transfer.

Note: Tuition deposit must be included in order to process your application.

SIGNATURE

Print Your Name

I affirm that I have received and read a copy of this binding agreement and the 2019–20 Brennan Institute Catalog.

(X) _____
Student Signature Date

FOR OFFICE USE ONLY. ACCEPTED BY:	

School Official	
_____	_____
Title	Date
Payment Amount Received: \$ _____	