

Ayurvedic College

Online Program

5317 Sweet 303

Fruitville Road Dr. Bryan Miller, D.C. 787-391-3651 office

Sarasota, Fl 34242

*Mailing address:*

PO Box 279

Rincon, PR 00677 Dr. Z. Light Miller, PHD., D.D. 941-806-7760 - cell

Financial Agreement

This agreement is between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student) and Z. Light Miller (Ayurvedic Consultants). Ayurvedic Consultants will provide a personal payment plan for tuition expenses of the Ayurvedic College (Online) to students who are not able to pay in full.

 Phase II (NAMA guidelines membership program) with Ayurvedic College at Ayurvedic Center for Wellbeing. Those who have attended other schools must have proof of college credit in order to have exemption of classroom hours*. This payment plan is an option for students who cannot pay the full tuition amount of 5,200.00 plus the Course Manuals in advance of $ 395.00 with a deposit and payments as described below*. In exchange, the student will receive 800 hours of Core Classes in Ayurveda online. To receive a Diploma, it is the student’s responsibility to complete all homework, quizzes, and exams. Financial Agreement must be paid in full before Student receives a Diploma. If the student, for any reason, does not complete the course of study before the course is finished, a written notice must be given to the school within 30 days, this will then be evaluated. Keep in mind that there are no refunds on tuition after 4 classes. The school will respond within 30 days according to the refund policy and class attendance.

A deposit of $\_\_700.00\_or 1,000.00\_\_\_\_\_\_\_\_\_\_ be made by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I choose Option \_\_\_\_\_\_\_\_\_\_\_

Payments of $\_\_\_\_\_\_\_\_\_\_\_\_ are due on the \_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

(Student Name Print) SSN#

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

Address City State Zip

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

Student Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student Signature)

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ( Z.Light Miller Signature)

I agree To make my tuition payments on time By checking account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Credit card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date\_\_\_\_\_\_ SC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize Z. Light Miller to bill my credit card on the following date \_\_\_\_\_\_ according to my option plan until I complete my full agreement until my agreements

Option 1 Full payment in full and I get My Manuals Free \_\_\_\_\_\_\_

Option 2 payments by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *plus an additional 2% interest*

Option 3 Payments 1\_\_\_\_\_\_\_\_ 2\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_ *plus an additional 3% interest*

Option 4 Payments by the following dates: \_\_\_\_\_\_\_\_\_- 2 \_\_\_\_\_\_\_\_\_\_\_ 3 -\_\_\_\_\_\_\_\_\_ 4 \_\_\_\_\_\_\_ plus an *additional 4% interest*

Option 5 Payments by the following Dates !\_\_\_\_\_\_\_\_\_ 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 \_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_

5 \_\_\_\_\_\_\_ 6 \_\_\_\_\_\_\_\_\_ *plus an additional 5% interest*

I will always communicate any changes in my financial life with my teachers who are willing to support me. I see my communication as a function of love. Remembering that money flows thru me and that money is an energy exchange in creating my dharma, which is my purpose in life to make a difference in people lives. I want to bring healing to my self and those who are ready to receive my services and gifts because together we are stronger than apart. I am committed to bringing Ayurveda to the masses by healing myself, my family, community, nation, and planet.

 Refund Policy

You have three days after registration to receive a full refund when you pay in full.

After 5 classes, you will not be refunded and are responsible for $400 per class attended, and no refund of deposit.

What additional materials will you need?

Books

Lab Fees:

* Herbology ($30)
* Aromatherapy ($30)

Materials:

* Magnifying glass
* Pen Light
* PH Paper
* Tongue depressors

 Namaste DR Zlight miller