



**ZORGANICS INSTITUTE
BEAUTY AND WELLNESS
ACKNOWLEDGMENT RECEIPT**

Acknowledgment
RECEIPT FOR CHECK LIST

Program: _____ Start Date _____

I have received written information and/or accessed this information electronically via email or the school website concerning the following topics prior to receiving a copy of my signed enrollment agreement contract.

<input type="checkbox"/>	School Catalog
<input type="checkbox"/>	School's Graduation Rate
<input type="checkbox"/>	School's Licensure Rate
<input type="checkbox"/>	School Placement Rate
<input type="checkbox"/>	Requirements for Licensure
<input type="checkbox"/>	Prerequisites for Employment
<input type="checkbox"/>	Satisfactory Academic Progress Policy/School Policy Handbook
<input type="checkbox"/>	Copy of Signed Enrollment Agreement Contract

Student Name: _____

Student Signature: _____ DATE: _____

Admissions Official: _____ DATE: _____

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