



**ZORGANICS INSTITUTE
BEAUTY AND WELLNESS
PRE-REQUISITE RECEIPT**

Pre- Requisite

ACKNOWLEDGEMENT RECEIPT

I, _____, certify that a representative from ZORGANICS Institute Beauty and Wellness has reviewed the policies and procedures, satisfactory progress policy, evacuation Procedures, campus safety report and the ZORGANICS Institute right to privacy and access policies

<input type="checkbox"/>	Licensure Requirements
<input type="checkbox"/>	Regulatory Oversight Restrictions
<input type="checkbox"/>	Physical Requirements of the Industry
<input type="checkbox"/>	Ability to Meet Requirements Set Forth by Employers

I was given the opportunity to have my questions and/or concerns addressed during the scheduled orientation session I attended. By affixing my signature below, I fully understand ZORGANICS Institute policies and procedures, in the school catalog

Student Name: _____

Student Signature: _____

Admissions Official: _____ DATE: _____

410 W. Bakerview Road Suite 112
Bellingham, WA. 98226
(360) 318-6411
info@zorganicsinstitute.edu
www.zorganicsinstitute.edu