



ZORGANICS INSTITUTE
BEAUTY AND WELLNESS
SCHOOL CATALOG POLICY RECEIPT CHECKLIST

School Catalog Policy Checklist
RECEIPT FOR CHECK LIST

Program: _____ Start Date _____

I certify that a representative from ZORGANICS Institute Beauty and Wellness has reviewed the policies with me. I was given the opportunity to have my questions and/or concerns addressed during the scheduled orientation session I attended. By signing below I fully understand ZORGANICS Institute Policies and Procedures in the School Catalog.

<input type="checkbox"/>	Policies and Procedures
<input type="checkbox"/>	Satisfactory Progress Policy
<input type="checkbox"/>	Evacuation Procedures
<input type="checkbox"/>	Campus Safety Report
<input type="checkbox"/>	ZORGANICS Institute Right to Privacy and Access Policies

Student Name: _____

Student Signature: _____

Admissions Official: _____ DATE: _____

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