



# ZORGANICS INSTITUTE BEAUTY AND WELLNESS

## STUDENT SYLLABI ACKNOWLEDGMENT RECEIPT

Student Syllabi 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 topic. Please confirm, sign and date below.

<input type="checkbox"/>	Student Syllabi
<input type="checkbox"/>	Salon - Clinic Policy
<input type="checkbox"/>	Admission Requirement
<input type="checkbox"/>	Financial Information
<input type="checkbox"/>	Interview Questions
<input type="checkbox"/>	Copy of Signed Enrollment Agreement Contract

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Admissions Official: \_\_\_\_\_ DATE: \_\_\_\_\_

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