

Story Institute
Dream big. Live Bigger.
Head Office: 320 – 640 W. Broadway, Vancouver BC V5Z 1G4
(778)222-8677

Story Institute is designated by the Private Training Institutions Branch (PTIB)

STUDENT INFORMATION

_____ Last Name

_____ First Name

_____ Student Telephone Number

_____ Student Email Address

PROGRAM INFORMATION

Program

- Improv
- Audition
- Scene Study
- Voice-Over

_____ Hours of Instruction during Contract Term

_____ Program Duration in Weeks

_____ Contract Start Date

_____ Contract End Date

Program Delivery Method
(select all that apply)

Online

In Class

Preferred Campus for In-Class:

Vancouver

Prince George

PROGRAM COSTS

Total tuition payable during contract term

\$ _____

GST

\$ _____

TOTAL PROGRAM COSTS

\$ _____

REFUND POLICY

The institution will refund 100% of the tuition and all related fees, other than application fees, if both of the following apply:

- The student does not attend the program, and
- The institution receives from the student a notice of withdrawal or a copy of refusal of a study permit no later than 30 days after the later of:
 - a) the start date of the program in the most recent Letter of Acceptance
 - b) the start date of the program in the enrolment contract.

The refund will be paid within 30 days of the date the institution receives the notice of withdrawal or copy of study permit refusal.

PRIVATE TRAINING INSTITUTIONS BRANCH

The program listed in this student enrolment contract does not require approval by the Private Training Institutions Branch of the Ministry of Advanced Education and Skills Training. As such, PTIB did not review this program.

Students may not file a claim against the Student Tuition Protection Fund in relation to this program.

This institution is certified by the Private Training Institutions Branch (PTIB). For more information about PTIB, go to www.privatetraininginstitutions.gov.bc.ca.

STUDENT SIGNATURE

Student Signature

Date Signed

Signature of Parent or Legal Guardian

Date Signed

INSTITUTION SIGNATURE

Signature of Institution Representative

Date Signed