



Institute for  
International Medicine  
2340 E. Meyer Blvd.,  
Building 1, Suite #338  
Kansas City, MO 64132

# Institute for International Medicine Enrollment Agreement

Please complete the form below.

## INMED Learner

**Full Name**

Pho Doan

**Date of Birth**

Thursday, January 19, 1995

**Email Address**

dqpho1901@gmail.com

**Phone Number**

(253) 830-4212

## Program

**Program Accepted Into**

Graduate Certificate in International Medicine Public Health (IMPH)

**Beginning Date of Program**

Monday, June 3, 2024

## Program Information

**Professional Certificate in International Medicine & Public Health – IMPH**

Length of Program

Total Length of Program: 8 Weeks

8 Weeks of Virtual Content

Required Weekly Virtual Classroom

Final Exam

Total Tuition and Fee Costs

Total Cost of Program: \$1360

Course tuition includes registration to course, course materials, textbook, and certification upon successful completion of the course.

Included Textbook: INMED International Medicine & Public Health  
Author: Nicholas Comninellis, MD, MPH  
Publisher: Institute for International Medicine, 2012  
400 pages

# Cancellation, Deferral, & Refund Policy

Accepted

I. Student's Right to Cancel: A student may cancel this transaction, without any penalty or obligation, within three (3) calendar days from the date specified on the enrollment agreement or course registration receipt. A student's notification of cancellation must be conveyed to the institution via online form (<https://www.jotform.com/build/213076862987167>). Refunds resulting from a cancellation will be issued within 30 days of notice of cancellation. A student requesting cancellation more than 3 days after signing an enrollment agreement is subject to the applicable refund formula stated in the following section.

II. Refund Policy for Withdrawal: You may choose to defer a course enrollment to a future course date. If you do not defer to a future course date, you may withdraw from currently enrolled courses at any time and receive the following refund rates:

## Application Refund Policy

100% refund: 1st day – 3rd day\*

\* Day one = date online application form is submitted registration receipt. "Day" refers to a business day and excludes weekends and holidays.

## 8-Week Course Refund Policy

100% refund: 1st day – 3rd day\*

75% refund: 4th day to day before course starts

50% refund: 1st week of course

30% refund: 2nd week of course

20% refund: 3rd week of course

10% refund: 4th week of course

No refund: following 4th week of course

\* Day one = date enrollment agreement is signed or date on course registration receipt. "Day" refers to a business day and excludes weekends and holidays.

## 4-Week Service-Learning Refund Policy

100% refund: 1st day – 3rd day\*

50% refund: 4th day to day before course starts

25% refund: 1st week of course

10% refund: 2nd week of course

No refund: following 2nd week of course

\* Day one = date enrollment agreement is signed or date on course registration receipt. "Day" refers to a business day and excludes weekends and holidays.

## Professional Qualification Courses and Continuing Education Refund Policy

100% refund: 1st day – 3rd day\*

No refund: If any course materials have been accessed.

\* Day one = date enrollment agreement is signed or date on course registration receipt. "Day" refers to a business day and excludes weekends and holidays.

No refunds outside the stated policy are guaranteed. Students may request refunds due to mitigating circumstances. INMED will review these situations on a case-by-case basis.

## III. Procedure for Withdrawing from A Program or Course / Requesting a Refund

1. Submit Withdrawal Request Online Form

2. Select Refund or Deferral Option

a. If Refund Request is approved, refund will be issued within 30 days

b. If Refund Request is denied, student will be notified by the University.

c. If Deferral Option is selected, learner will qualify to re-schedule for a future participation date

#### IV. Dismissal From University

Students dismissed from courses and programs due to misconduct (ie: harassment) are not entitled to a deferral or refund of course tuition paid.

#### V. Definition Of Terms

8-Week Courses – refers to the Professional Certificate in International Medicine & Public Health, Professional Certificate in International Nursing & Public Health, Professional Certificate in International Public Health, and all 8-week general academic credit courses

Application – refers to the Master’s Degree in International Health Application and the Diploma Program Application

Continuing Education Courses – refers to the Professional Qualification Course in Ultrasound for Primary Care, Professional Qualification Course in Obstetrics Ultrasound, Professional Qualification Course in Helping Babies Breathe, Professional Qualification Course in Essential Care for Every Baby and Small Babies, Professional Qualification Course in Helping Mothers Survive, Professional Qualification Course in Hands-On Skills for Low-Resource Healthcare, and all Short Self-Paced Courses

Programs – refers to the Professional Master’s Degree in International Health, Professional Diploma Program in International Medicine and Public Health, Professional Diploma Program in International Nursing and Public Health, Professional Diploma Program in International Public Health

Courses – refers to all academic credit courses

Refunds – student is refunded (or partially refunded) money paid for a course, but may still be enrolled in program

Deferrals – student’s registration is transferred to a future date and are still be enrolled in a program

Withdrawal from a course – student is withdrawn from a currently enrolled course but remains enrolled in a program

Withdrawal from the university/program – student is withdrawn from all programs and courses

Payment is due at the time of registrtrion for all courses and programs. Please note that tuition and fees are subject to change.

For a copy of the Institute for International Medicine Cancellation, Deferral, & Refund Policy, please click [here](#).

## INMED Learner Signature

**Full Name**

Pho Doan

**Sign Here**



**Date**

Friday, July 12, 2024

## INMED Representative

Nicholas Comninellis

**Date**

Friday, July 12, 2024

A handwritten signature in black ink that reads "Nicholas Comninellis". The signature is written in a cursive style with a large, stylized initial 'N'.

By clicking submit, I agree that both parties have legally signed and are bound to this agreement.