LANDMARK COLLEGE

Certificate in Learning Differences and Neurodiversity(LDN)

Course Selection and Payment Agreement

TO SECURE YOUR PLACE, FULL PAYMENT FOR THIS COURSE IS REQUIRED

Student Name: _____

Date of Birth: _____

Student ID: _____

Course Name: _____

Course Number: _____

☐ I will participate in the indicated course in Landmark College's Certificate Program. I have:

- ☐ Enclosed my payment of $1,595 USD
- ☐ Paid my fee online using the QuickPay site (you will need your Student ID number, listed above): "Guest Payer" link for certificate students
  - The credit card vendor assesses a "convenience" fee; you can avoid this fee by selecting "e-check" at the link.
  - If you are paying from outside the U.S., you may find it easier to use Flywire.com.
- ☐ Reviewed the academic policies and understand a 50% refund of tuition is available during the first week of the course only.

☐ I have decided not to enroll in the certificate course indicated above.

Signature of
Accepted Student: * _____ Date: _____

Responsible Payer: By signing this agreement, the student or organization responsible for payment agrees to pay Landmark College's fees as presented, follow the college's payment policies, and acknowledge that Landmark College does not mail paper bills. An individual, school, or other organization may pay by credit card or check. Full payment or a purchase order is required in order to secure enrollment in the course indicated.

Signature of
Responsible Payer: * _____Date: _____
* A signature is required in both places.

Please sign and return completed form via email to Carol Beninati at: institute@landmark.edu
If paying by check, mail to:
Landmark College, Attn: LCIRT
19 River Rd S., Putney, VT 05346