



Lincoln Institute of Natural Health, LLC

Student Enrollment Form

(Please print clearly)

Name: _____ Date: _____

Mailing Address: _____

Email Address: _____

Course(s) or Program of Enrollment: _____

Check enclosed: _____ or

Card Number: _____ Expires: _____

Name on Card: _____ CVV: _____

(At Lincoln Institute all personal information is secured and held confidential)

To Pay Securely Online via Paypal (Internet Connection Required):

NOTE: Before checkout, please enter your selected CLS#(s) or course name(s) into the "Special Instructions to seller" area.

[Click here to pay for CEU Courses:](#) \$120.00

[Click here to pay for Individual Course:](#) \$179.00

[Click here to pay for Tuition Special:](#) CLS 250, 251 or 261-\$129.00

[Click here to pay for Tuition Special:](#) CLS 250, 251 and 261-\$299.00

[Click here to pay for Bundled Program:](#) 4 courses-\$499.00

[Click here to pay for Bundled Program:](#) 6 courses-\$699.00

To Enroll:

1). Print and complete the Enrollment Form (page 17) and Agreement Form (pages 18).

2). Email both forms to: linh4u.com **OR postal mail both forms to:**

Lincoln Institute of Natural Health, LLC

Admissions Department

1705 Lemon Ave.

Englewood, FL 34223

For assistance contact us by **email-** linh4u.com or by **phone-** 941-716-4366.



Lincoln Institute of Natural Health, LLC
Enrollment and Tuition Agreement
(Please print clearly)

Name:

Date:

Address:

Course(s) or
Program of
Enrollment:

Tuition:

Terms and Conditions/Notice to the Student:

1. This agreement is not binding unless signed by the student and Lincoln Institute of Natural Health, LLC (a.k.a. Lincoln Institute and LINH). No representative other than the academic director of LINH or a designated employee appointed by the academic director may accept this contract on behalf of LINH.
2. You are entitled to a completely filled in copy of this contract.*
3. You are subject to the academic and financial regulations of LINH, based on the information provided in this enrollment agreement and set forth in the LINH catalog, which is incorporated herein by reference.
4. The student understands and agrees that if the student does not make the specified payment for courses or program then regardless of the signature of its representative on this contract, LCNH is not obligated to deliver educational services.
5. This agreement may not be changed or terminated orally.
6. The parties agree that this agreement shall be governed by the laws of Florida, irrespective of the fact that either of the parties now is or may become a resident of another state.
7. Laws and regulations may differ in different states and localities and you agree that you are solely responsible for determining and complying with any laws or regulations of your state and locale relating to your education at LINH and the use of the education obtained from LINH.
8. Your signature below constitutes your acceptance of this agreement and your certification that you have read, understood and agree to your rights, terms, conditions and responsibilities herein.
9. LINH is not liable for any claim or damage you may have arising from the educational instructions, services or materials provided by LINH.
10. Students agree to complete their own work.

Student: _____ Date: _____
(Signature)

LINH: _____ Date: _____
(Signature)

*Upon enrollment, this form will be signed by a Lincoln Institute of Natural Health representative and returned to the student.

