



ADMISSIONS CHECKLIST (Local Students)

Name of Applicant: _____
Last First Middle (INITIAL)

- ☐ **1. Application Form**
 - Fill out all necessary information, contact details and academic history.
 - ☐ **2. ID Photo**
 - Colored with monotone background
 - Dimensions 2x2 inches (52x52mm).
 - Email to admin@catu.edu with subject ID Photo
 - ☐ **3. Original Official Transcript (Not Copy)**
 - Directly mail to the Admissions Office (Suite 400) or bring in person.
 - For non-English foreign transcript, provide a certified English translation.
 - If applicant cannot provide an original official transcript, a notarized copy will be acceptable.
 - ☐ **4. Credential Evaluation**

Applicants who have completed degree outside of the United States are required to submit a credential evaluation report. You may use any agency from NACES or AICE list.
 - ☐ **5. Copy of Diploma**
 - For non-English foreign diploma, provide a certified English translation.
 - ☐ **6. English Proficiency Exemption Form**
 - If you're not qualified for Exemption, please submit the TOEFL/IELTS score - see the score requirements on page 19 of School Catalog
www.catu.edu/about-california-trinity-university/publications
 - ☐ **7. Valid Government Issued Identification**
 - Provide a copy of any valid government issued identification with photo. Eg. Driver's License, California ID etc...
 - ID must be current and not expired.
 - ☐ **8. Proof of Residency Status**
 - Provide any of the following documents: Birth Certificate, Passport, Green Card, Certificate of Naturalization, USCIS approval notice etc...
 - ☐ **9. Emergency Contact**

List three people the school can contact in case of emergency.
 - ☐ **10. Enrollment Agreement**

Read, fill-out and sign enrollment agreement.
 - ☐ **11. School Performance Fact Sheet**
 - Read, initial, and sign all highlighted spaces.
 - ☐ **12. Entrance Essay**
 - Describe your educational goals and motivation.
 - ☐ **13. Letter of Recommendation**
 - Must be work-related or academic-related person (cannot be a relative or friend) who can assess the applicant's professional background and/or academic achievement, or a former colleague, employer or supervisor.
 - ☐ **14. Student Rights**
 - Read and sign document
 - ☐ **15. Mission Statement**
 - Read and sign Mission Statement.
 - ☐ **16. Policy Agreement**
 - Read and sign Policy Agreement.
 - ☐ **17. Non-refundable Application Fee**
- After Admission**
- ☐ **18. Student ID**
 - Fill out the student ID application form. Pick up at Administrative Office.
 - ☐ **19. Student Orientation**
 - Viewed online student orientation
 - Attended on-campus student orientation



STUDENT APPLICATION

School Programs

☐ Master of Business Administration (MBA)

Applying Quarter for _____

☐ Winter ☐ Spring ☐ Summer ☐ Fall

PERSONAL INFORMATION

Name: _____
Last First Middle (INITIAL)

Date of Birth: _____
MM/DD/YYYY

Residential Address: _____
Street City State Zip

Gender: M/ F Phone: () SSN (Optional): _____

E-mail Address: _____

Nationality: _____ Place of Birth: _____
City State Country

Primary Language: _____ Other Language(s): _____

Emergency Contact Name: _____ Phone: () _____

Email: _____ Relationship: _____

EDUCATIONAL HISTORY (REQUIRED)

Secondary and/or Postsecondary Education: *Start from the most recent school attended

Degree	School Name	MM/YYYY - MM/YYYY	City	State	Country
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Degree	School Name	MM/YYYY - MM/YYYY	City	State	Country
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English Proficiency TOEFL / IELTS Score (Attach a copy from its official website): _____

- I hereby certify that to the best of my knowledge all documentation and information submitted whether in relation to any course of study or otherwise, is true, accurate and complete.
- I acknowledge that the provision of inaccurate or incomplete information by myself, or a certifying authority, may result in the withdrawal of any offer of enrolment, or the cancellation of any enrolment allowed on the basis of acceptance of that offer.

Signature: _____
(Applicant)

Date: _____

Signature: _____
(by Admissions Officer or Registrar)

Date: _____



EMERGENCY INFORMATION FORM

- To ensure the proper procedures for emergency situations, please complete this form.
- Information will be confidential.

Student Name: _____ Date of Birth: _____
Last First Middle(INITIAL) MM/DD/YYYY

- Please list the persons who you like to contact in case of emergency

PERSONAL PHYSICIAN (If you have):

Name

Address

Phone

Email Address

PRIMARY CONTACT:

Name

Relationship

Phone

Country of Residence

Email Address

SECONDARY CONTACT:

Name

Relationship

Phone

Country of Residence

Email Address

TERTIARY CONTACT:

Name

Relationship

Phone

Country of Residence

Email Address



ENTRANCE ESSAY

Name: _____

Date of Birth: _____

MM/DD/YYYY

1. Describe your dream / vision/ goal you want to achieve in your future.

2. How you are equipped to fulfill the dream/ vision/ goal so far?

3. How your study at California Trinity School of Business can help you achieve your goal?



LETTER OF RECOMMENDATION

APPLICANT INFORMATION

Name: _____ Date of Birth: _____
Last First Middle (INITIAL) MM/DD/YYYY

Address: _____
Street City State (Country) Zip Code

REFERENCE

Appropriate References may be from any of the following:

- A professor who can assess your professional and academic achievement
- A former colleague, employer or supervisor.
- A professional person (not a relative) who is well acquainted with your professional background and academic achievement.

Name: _____ Phone: _____
Last First Middle (INITIAL)

Occupation & Job Title: _____ Organization: _____

Address: _____
Street City State (Country) Zip Code

Relationship to the applicant: _____ How long have you known the applicant? _____

Personal and professional appraisal: (please check the appropriate box for each category).

Qualities	N/A	Below	Average	Strong	Very Strong
Intellectual Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note any strengths and/or weaknesses as well as academic and/or professional achievements of the applicant and his/her potential for succeeding in a rigorous academic environment. (use additional sheets if needed)

Signature of Reference

Date



**CALIFORNIA TRINITY
SCHOOL OF BUSINESS**

2333 Beverly Blvd., Los Angeles, CA 90057

Web: <http://www.catu.edu>

Email: admin@catu.edu

Tel: (213) 484-4440 Fax: (213) 402-6838

ENROLLMENT AGREEMENT

This **Enrollment Agreement** is made between **California Trinity School of Business**, hereinafter **School**, and
Last Name: _____ First Name/Middle Name _____, hereinafter **Student**.
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____

ENROLLMENT AGREEMENT COVERAGE PERIOD

This Enrollment Agreement covers the period taken for the program completion time, i.e. beginning from the date the student signs the agreement until the student graduates or is being terminated from the program or upon his or her cancellation of the program.

PROGRAM SELECTED: MASTER OF BUSINESS ADMINISTRATION

The Master of Business Administration (MBA) is a 52 quarter units or 572 hours program. California Trinity School of Business awards academic units based on quarter credit hours. One unit of credit for each 50-minute class session per week. For each credit in the graduate program, the student is expected to complete a minimum of two hours of academic work outside of class each week. A quarter typically consists of 10 weeks excluding final exam week. Successful graduates of the program will be awarded a degree in Master of Business Administration.

The School reserves the right to refuse any applicant for not meeting the admission requirements of the MBA program.

SCHEDULED COMPLETION DATE

Assuming a full-time continuous enrollment and no transfer of credit the anticipated graduation date is 24 months or 8 quarters from commencement of program. Transfer of credit, enrollment below full-time status and breaks in continuous enrollment will affect the anticipated graduation date. Program Start Date: _____, and scheduled Completion Date: _____.

CLASS LOCATION

All classes will be conducted at 2333 Beverly Boulevard, Los Angeles, CA 90057.

PROGRAM HOURS AND COURSE SCHEDULE

Class hours will be from:

Monday to Friday: 2:00 PM - 6:00 PM
6:00 PM - 10:00 PM
Saturdays: 10:00 AM - 2:00 PM
2:00 PM - 6:00 PM

All course schedules are subject to change during the start and completion dates. The student will be duly notified and offered the opportunity to consent as provided by law. In cases where such changes would cause an undue hardship, a refund will be provided. The School reserves the right to withdraw a scheduled program if enrollment is insufficient to make up a class. All monies paid will be refunded less the application fee.

The School reserves the right to postpone training in the event of a national disaster, acts of God, such as fire, flood, earthquake and/or labor disputes, equipment failure, for a maximum of 30 days. The student will be duly notified and compensated if applicable.

The School reserves the right to change or modify, without notification, the program content, equipment, staff, or materials and organization, as necessary, with approval of the Bureau for Private Postsecondary Education (BPPE); if required. Such changes may be required to keep pace with technological advances, and/or to improve teaching methods. In no event will any changes diminish the competency of any program or result in tuition changes for currently attending students.

DISCLAIMER OF EMPLOYMENT GUARANTEE

The School does not offer job placement services and provides no guarantee of employment to students of the program.

GROUND FOR CANCELLATION/TERMINATION BY SCHOOL

The student's enrollment may be terminated at the request of the Chief Academic Officer, if the student's academic progress, behavior, absences, tardiness do not conform to the requirements, rules and regulations of the School, as stated in the School Catalog, the extent of the Student's tuition obligation will be in accordance with the School's Refund Policy.

STUDENT TUITION RECOVERY FUND DISCLOSURES

(a) A qualifying institution shall include the following statement on both its enrollment agreement and School Catalog:

"The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program."

Effective **April 1 2024**, the Student Tuition Recovery Fund (STRF) assessment rate has been changed to zero cents (\$0.00) per one thousand dollars (\$1,000) of institutional charges for each quarter.

CANCELLATION, WITHDRAWAL AND REFUND POLICY

STUDENT'S RIGHT TO CANCEL. The student has the right to cancel the enrollment agreement and obtain a refund of all charges paid through attendance at the first session, or the seventh day after enrollment, whichever is later.

The student has the right to withdraw at any time from the course of instruction after the cancellation period and receive a pro-rata refund for the unused portion of the tuition and other refundable charges if student reaches 60% completion or less of the period of attendance. The amount of the refund is determined by deducting the application fee from the total tuition charge, then dividing the remainder by the number of hours in the period of attendance to calculate the hourly charge. The refund is the amount in excess of what the student owes for total hours of instruction completed, including the application fee.

A student should send either through postal mail, hand deliver or fax a written notice of cancellation or withdrawal addressed to the School Registrar at California Trinity School of Business 2333 Beverly Blvd. Los Angeles, CA 90057. The cancellation or withdrawal will take effect by the student's written notice or by the student's conduct, including, but not necessarily limited to, a student's lack of attendance.

Any refunds due will be made by the School within 30 calendar days from the effective date of cancellation or withdrawal.

In order to ensure that students are fully informed of their rights and procedures for recovering tuition refunds, a copy of the School's Cancellation/Withdrawal Policy is provided to each student upon registration. In compliance with the applicable California Education Code (Section 94919), the School's cancellation/withdrawal and refund policy is also fully disclosed in the enrollment agreement.

If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

LOANS NOTICE

California Trinity School of Business does not offer any state or federal loan guarantees; no loans of any kind are offered at this school. If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

If the student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:

1. The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
2. The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at California Trinity School of Business is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the degree you earn in the Master of Business Administration program is also at the complete discretion of the institution to which you may seek to transfer. If the degree that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending California Trinity School of Business to determine if your degree will transfer.

RECEIPT OF DOCUMENTS

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

Student Signature: _____ Date: _____

LANGUAGE

If English is not your primary language, and you are unable to understand the terms and conditions of the enrollment agreement, you have the right to obtain a clear explanation of the terms and conditions and all cancellation, withdrawal and refund policies in your primary language. Please contact the Admissions Office for this service: (213) 484-4440 or admin@catu.edu

FEES AND CHARGES

The student is responsible for the following fees and charges pertaining to the program's required course of study completed during the designated enrollment period. The School reserves the right to change tuition and students will receive advanced notice of any changes in fees/tuition one quarter prior any tuition changes will take effect. The following fees are estimates and are subject to change. Students will receive advance notification of any changes.

Admission Fee	
Application Fee	200.00
<u>TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT</u>	<u>\$ 200.00</u>
Estimated Charges per Quarter	
Tuition (\$240 per quarter unit x 8 quarter units)	1,920.00
Student Tuition Recovery Fund (STRF) Fee (Non-Refundable)	0.00
Books	150.00
Supplies	50.00
<u>TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE (QUARTER)</u>	<u>\$ 2,120.00</u>
Estimated Total Charges for the Entire MBA Program	
Application Fee	200.00
Tuition (\$240 per quarter unit x 52 quarter units)	12,480.00
STRF Fee (Non-Refundable)	0.00
Books	975.00
Supplies	325.00
Student ID	20.00
Graduation Fee/Diploma	300.00
<u>ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM</u>	<u>\$ 14,300.00</u>

PAYMENT TERMS FOR TUITION AND FEES

Payment may be made by cash, credit card (Visa, Mastercard, Discover, American Express), check or money order unless other arrangements are made. Students who choose to pay for their programs with an approved monthly payment plan arrangement must complete and sign a separate tuition payment arrangement plan per quarter specifying monthly installment amounts and due dates.

RENEWAL

I understand and agree that this agreement is executed at the time of my initial enrollment at California Trinity School of Business and that my enrollment in subsequent quarters shall constitute a renewal of the terms of this Agreement, except for tuition and fees which may be subject to change.

LEGALLY BINDING CONTRACT

The agreement is a legally binding instrument when signed by the student and accepted by the School. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the School's cancellation, withdrawal and refund policy; (b) a School Catalog that includes a description of the educational services, including all material facts concerning the School and the program, which are like to affect your decision to enroll.

ACKNOWLEDGEMENT

I UNDERSTAND THAT THIS IS A **LEGALLY BINDING CONTRACT**. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ, UNDERSTOOD, AND AGREED TO MY RIGHTS AND RESPONSIBILITIES, AND THAT THE INSTITUTION'S CANCELLATION, AND REFUND POLICIES HAVE BEEN CLEARLY EXPLAINED TO ME

I ACKNOWLEDGE THAT:

1. I HAVE READ AND RECEIVED A COPY OF THE ENROLLMENT AGREEMENT;
2. I HAVE READ AND RECEIVED A COPY OF THE SCHOOL CATALOG AND UNDERSTOOD AND AGREE TO THE SCHOOL'S ACADEMIC AND ADMINISTRATIVE POLICIES PUBLISHED IN THE CATALOG.
3. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY AND ALL CHARGES INCURRED NO MATTER WHICH PAYMENT OPTION I HAVE CHOSEN;

Signature of Applicant

Date

My signature below certifies that I am an authorized representative of this School and that I have personally explained the institution's cancellation and refund policies to the Student. I certify that the School has met all disclosure requirements of the California Education Code.

This agreement is accepted by:

School Admissions Officer

Date

This School has not had any pending petition in bankruptcy and has not filed a petition within the preceding five years nor has it had a petition in bankruptcy filed against it with the preceding five years that resulted in reorganization under Chapter 11 of the U.S. Bankruptcy Code.

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education (BPPE) by mail at PO BOX 980818, W. Sacramento, CA, 95798-0818 or Physical Address: 1747 N. Market Blvd., Suite 225, Sacramento, CA 95834, website: www.bppe.ca.gov, Telephone: (916) 574-8900 or (888) 370-7589, Fax: (916) 263-1897

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau's internet web site www.bppe.ca.gov.



**SCHOOL PERFORMANCE FACT SHEET
CALENDAR YEARS 2022 & 2023**

MASTER OF BUSINESS ADMINISTRATION – 24 MONTHS

On-Time Completion Rates (Graduation Rates)

Calendar Year	Number of Students Who Began the Program	Students Available for Graduation	Number of On-Time Graduates	On-Time Completion Rate
2022	24	24	3	12.5%
2023	35	35	5	14.7%

Student's Initials: _____ Date: _____

Initial only after you have had sufficient time to read and understand the information.

Students Completing Within 150% of the Published Program Length

Calendar Year	Number of Students Who Began the Program	Students Available for Graduation	150% Graduates	150% Completion Rate
2020	85	85	53	62.4
2021	76	76	47	61.8
2022	24	24	14	58
2023	35	35	18	52.9

**Included if the program is more than one year in length.

Student's Initials: _____ Date: _____

Initial only after you have had sufficient time to read and understand the information.



Job Placement Rates

Calendar Year	Number of Students Who Began Program	Number of Graduates	Graduates Available for Employment	Graduates Employed in the Field	Placement Rate % Employed in the Field
2022	24	14	5	3	60
2023	35	18	5	4	80

You may obtain from the institution a list of the employment positions determined to be in the field for which a student received education and training. You may ask the administrative office to obtain a list of the employment positions.

Gainfully Employed Categories

Part-Time vs. Full-Time Employment

Calendar Year	Graduate Employed in the Field 20-29 Hours Per Week	Graduates Employed in the Field at Least 30 Hours Per Week	Total Graduates Employed in the Field
2022	0	3	3
2023	0	4	4

Single Position vs. Concurrent Aggregated Position

Calendar Year	Graduates Employed in the Field in a Single Position	Graduates Employed in the Field in Concurrent Aggregated Positions	Total Graduates Employed in the Field
2022	3	0	3
2023	4	0	4



Self-Employed / Freelance Positions

Calendar Year	Graduates Employed who are Self-Employed or Working Freelance	Total Graduates Employed in the Field
2022	0	3
2023	0	4

Institutional Employment

Calendar Year	Graduates Employed in the Field who are Employed by the Institution, an Employer Owned by the Institution, or an Employer who Shares Ownership with the Institution.	Total Graduates Employed in the Field
2022	0	3
2023	0	4

Student's Initials: _____ Date: _____

Initial only after you have had sufficient time to read and understand the information.

This program may result in freelance or self-employment.

- The work available to graduates of this program is usually for freelance or self-employment.
- This type of work may not be consistent.
- The period of employment can range from one day to weeks to several months.
- Hours worked in a day or week may be more or less than the traditional 8 hour work day or 40 hour work week.
- You can expect to spend unpaid time expanding your networks, advertising, promoting your services, or honing your skills.
- Once graduates begin to work freelance or are self-employed, they will be asked to provide documentation that they are employed as such so that they may be counted as placed for our job placement records.
- Students initialing this disclosure understand that either a majority or all of this school's graduates are employed in this manner and understand what comprises this work style.

Student's Initials: _____ Date: _____

Only initial after you have had sufficient time to read and understand the information.



License Examination Passage Rates

Calendar Year	Number of Graduates in Calendar Year	Number of Graduates Taking Exam	Number Who Passed First Available Exam	Number Who Failed First Available Exam	Passage Rate
2022	14	0	0	0	N/A
2023	18	0	0	0	N/A

Licensure examination passage data is not available from the state agency administering the examination. We are unable to collect data from graduates.

Student's Initials: _____ Date: _____

Initial only after you have had sufficient time to read and understand the information.

Salary and Wage Information

Annual salary and wages reported for graduates employed in the field.

Calendar Year	Graduates Available for Employment	Graduates Employed in Field	\$20,001 - \$25,000	\$25,001 - \$30,000	\$30,001 - \$35,000	\$35,001 - \$40,000	\$40,001 - \$45,000	≥\$50,001	No Salary Information Reported
2022	5	3	0	0	1	0	0	1	0
2023	0	4	1	2	1	0	0	0	0

A list of sources used to substantiate salary disclosures is available from the school. You may obtain a list of the objective sources of information used to substantiate the salary disclosure from the Administrative Office.

Student's Initials: _____ Date: _____

Initial only after you have had sufficient time to read and understand the information.



Cost of Educational Program

Total charges for the program for students completing on time in 2022: \$12,220 Total charges may be higher for students that do not complete on time.

Total charges for the program for students completing on time in 2023: \$12,220 Total charges may be higher for students that do not complete on time.

Student's Initials: _____ Date: _____

Initial only after you have had sufficient time to read and understand the information.

Federal Student Loan Debt

Students at California Trinity School of Business are not eligible for federal student loans. This institution does not meet the U.S. Department of Education criteria that would allow its students to participate in federal student aid programs.

Student's Initials: _____ Date: _____

Initial only after you have had sufficient time to read and understand the information.

This fact sheet is filed with the Bureau for Private Postsecondary Education. Regardless of any information you may have relating to completion rates, placement rates, starting salaries, or license exam passage rates, this fact sheet contains the information as calculated pursuant to state law.

Any questions a student may have regarding this fact sheet that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 1747 N. Market Blvd, Suite 225, Sacramento, CA 95834, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897.

Student Name - Print

Student Signature

Date

School Official

Date



Definitions

- “Number of Students Who Began the Program” means the number of students who began a program who were scheduled to complete the program within 100% of the published program length within the reporting calendar year and excludes all students who cancelled during the cancellation period.
- “Students Available for Graduation” is the number of students who began the program minus the number of students who have died, been incarcerated, or been called to active military duty.
- “Number of On-time Graduates” is the number of students who completed the program within 100% of the published program length within the reporting calendar year.
- “On-time Completion Rate” is the number of on-time graduates divided by the number of students available for graduation.
- “150% Graduates” is the number of students who completed the program within 150% of the program length (includes on-time graduates).
- “150% Completion Rate” is the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation.
- “Graduates Available for Employment” means the number of graduates minus the number of graduates unavailable for employment.
- “Graduates Unavailable for Employment” means the graduates who, after graduation, die, become incarcerated, are called to active military duty, are international students that leave the United States or do not have a visa allowing employment in the United States, or are continuing their education in an accredited or bureau-approved postsecondary institution.
- “Graduates Employed in the Field” means graduates who beginning within six months after a student completes the applicable educational program are gainfully employed, whose employment has been reported, and for whom the institution has documented verification of employment. For occupations for which the state requires passing an examination, the six months period begins after the announcement of the examination results for the first examination available after a student completes an applicable educational program.
- “Placement Rate Employed in the Field” is calculated by dividing the number of graduates gainfully employed in the field by the number of graduates available for employment.
- “Number of Graduates Taking Exam” is the number of graduates who took the first available exam in the reported calendar year.
- “First Available Exam Date” is the date for the first available exam after a student completed a program.
- “Passage Rate” is calculated by dividing the number of graduates who passed the exam by the number of graduates who took the reported licensing exam.
- “Number Who Passed First Available Exam” is the number of graduates who took and passed the first available licensing exam after completing the program.
- “Salary” is as reported by graduate or graduate’s employer.
- “No Salary Information Reported” is the number of graduates for whom, after making reasonable attempts, the school was not able to obtain salary information.



STUDENT'S RIGHT TO CANCEL

The student has the right to cancel the enrollment agreement and obtain a refund of all charges paid through attendance at the first session, or the seventh day after enrollment, whichever is later.

The student has the right to withdraw at any time from the course of instruction after the cancellation period and receive a pro-rata refund for the unused portion of the tuition and other refundable charges if student reaches 60% completion or less of the period of attendance. The amount of the refund is determined by deducting the application fee from the total tuition charge, then dividing the remainder by the number of hours in the period of attendance to calculate the hourly charge. The refund is the amount in excess of what the student owes for total hours of instruction completed, including the application fee.

A student should send either through postal mail, hand deliver or fax a written notice of cancellation or withdrawal addressed to the School Registrar at California Trinity School of Business 2333 Beverly Blvd, Los Angeles, CA 90057. The cancellation or withdrawal will take effect by the student's written notice or by the student's conduct, including, but not necessarily limited to, a student's lack of attendance.

Any refunds due will be made by the School within 30 calendar days from the effective date of cancellation or withdrawal.

In order to ensure that students are fully informed of their rights and procedures for recovering tuition refunds, a copy of the School's Cancellation/Withdrawal Policy is provided to each student upon registration. In compliance with the applicable California Education Code (Section 94919), the School's cancellation/withdrawal and refund policy is also fully disclosed in the enrollment agreement.

If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.



**CALIFORNIA TRINITY
SCHOOL OF BUSINESS**

2333 Beverly Blvd. Los Angeles, CA 90057
Web: <http://www.catu.edu>
Email: admin@catu.edu
Tel: (213) 484-4440 Fax: (213) 402-6838



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MISSION STATEMENT:

The mission of California Trinity School of Business is to prepare its graduates to take on leadership roles in their respective fields and be a significant contribution to society through its quality academic programs, faculty and resources.

By signing this document I understand and support the mission of this School.

Student Name – Print

Signature

Date



POLICY AGREEMENT

STATEMENT OF ACADEMIC FREEDOM

California Trinity School of Business, herein referred to as the **School**, is dedicated to maintaining a climate of academic freedom encouraging the sharing and cultivation of a wide variety of viewpoints. Academic freedom expresses our belief in inquiry, informed debate and the search for truth; academic freedom is necessary in order to provide students with a variety of ideas, to encourage them to engage in critical thinking and to help them understand conflicting opinions.

Academic freedom encompasses the freedom to study, teach, and express ideas, including unpopular or controversial ones, without censorship or political restraint. Academic freedom, rather than being a license to do or say whatever one wishes, requires professional competence, open inquiry and rigorous attention to the pursuit of truth.

Students have the right to express their informed opinions which relate, directly or indirectly, to their academic activities, whether these opinions are expressed in the classroom, elsewhere on campus or at school-related functions. In a search for truth and in a context of reasoned academic debate, students also have the right to express their opinions and to question those presented by others.

Protecting academic freedom is the responsibility of the school community. Therefore, in a climate of openness and mutual respect, free from distortion and doctrinal obligation, the school protects and encourages the exchange of ideas, including unpopular ones, which are presented in a spirit of free and open dialogue and constructive debate.

STATEMENT OF NON-DISCRIMINATION

It is policy of the school that applicants for admission shall not be discriminated against the basis of race, color, ethnicity, national origin, religion, gender, age and physical handicap. This admission policy, therefore, is in compliance with the following federal statutes prohibiting such discrimination; Title IV of the Civil Rights Act of 1964 (as amended); Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; Age Discrimination Act of 1975 and the Americans with Disabilities Act.

STUDENT CODE OF CONDUCT AND DISCIPLINARY POLICIES

Students are expected to conduct themselves in an ethical manner and to abide by the regulations of the school. A student who violates school regulations and the following Student Code of Conduct may require the school to impose such penalties as deemed appropriate from verbal warning to dismissal. Any such disciplinary action will follow the established due process. Students will be informed in writing of the nature of the charges against them and will be given a fair opportunity to refute them.

The *Student Code of Conduct* includes the following:

1. Cheating is defined as and includes the use of study aids, examination files, other related materials, and receiving unauthorized assistance during any academic exercise;
2. Fabrication is the falsification or invention of any information in an academic exercise;
3. Facilitating academic dishonesty is intentionally helping or attempting to help another student to commit an act of academic dishonesty;
4. Plagiarism is intentionally or knowingly representing the words, ideas, or work of another as the one's own in any academic exercise.

STUDENT BEHAVIOR

The school will take appropriate action against any disruptive student behavior defined as: (1) preventing other students from learning; (2) preventing the teacher from teaching; (3) hurting, offending or threatening teachers, students or staff.

The Chief Academic Officer have the authority to expel a student at any time if their behavior disrupts class instruction. Disruptive behaviors which are not allowed at school may include, but are not limited to, showing disrespect or being impolite to teachers, students or staff. These can be in any of the following forms: (1) bothering other students, teachers and staff physically or verbally; (2) not cooperating in class; (3) not allowing other students to participate in class; (4) not bringing the textbook and materials to class; (5) sleeping in class; (6) placing another person in fear of imminent physical or bodily harm; (7) Intentionally or carelessly engaging in conduct that threatens or endangers the health or safety or causes physical harm to any persons on campus; (8) performing any actions, threats, gestures and/or words directed toward another person which have the purpose or which tend to incite a breach of peace, create a hostile environment, or cause emotional distress to that person because of humiliating, degrading, intimidating, insulting, coercive, ridiculing or alarming nature of the conduct; (9) repeatedly speaking one's native language during class; (10) performing any violent acts or any form of violence, threats, or sexual harassment which may result in expulsion from the program immediately; (11) having or showing sexually explicit or violent images in any form in class.

The behaviors above are not acceptable and may be dealt with in the following manner: (1) a verbal notice from the Professor or Administrative Official; (2) a written Student Warning notice or discussion with an Administrative Official; (3) expulsion, if the disruptive behavior is found to be continuing.

DRUG, ALCOHOL AND TOBACCO POLICY

The school strongly supports the goals of "*Drug-Free Schools and Campuses*" and a "*Drug-Free Workplace*". It is the school's policy that no person shall manufacture, distribute, possess, or use illegal drugs, a controlled substance, on its premises or as a part of any of its activities. A controlled substance includes, but is not limited to, marijuana, cocaine, cocaine derivatives, heroin, "crack,"



ENGLISH PROFICIENCY EXEMPTION FORM

Date: _____

Name of Student: _____
Last Name First Name Middle Initial

Program	<input type="checkbox"/> MBA	Concentration	
Quarter	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	Year	

I am requesting an exemption from the English Proficiency Examination Requirement because:

- ☐ I am a Native English Speaker from _____
(Country)
- ☐ I have earned an associate's, bachelor's, master's, or doctorate degree from _____
which is a regionally accredited institution in the US.
(Name of Institution)
- ☐ I have earned an associate's, bachelor's, master's, or doctorate degree from _____
in _____ where English is the
(Name of Institution) (Country)
primary/official medium of instruction.
- ☐ I have completed an ESL program with a grade equivalent to a TOEFL score of at least 60 iBT, 170 CBT, or 497
PBT at _____ which is a regionally accredited US institution.
(Name of Institution)
- ☐ I agree to submit my official test score within 2 quarters after I enroll.
(This option is only available by petition for approval by the CAO and COO)

I have attached the following documents as proof of my English Proficiency (select only if applicable):

- ☐ Passport – as proof of citizenship from a Native English Speaking country
- ☐ Academic Transcript and Diploma
- ☐ ESL Transcript – with equivalent TOEFL score
- ☐ Petition letter
- ☐ Other Proof, specify _____

Student Name

Signature

Date

This request will be considered by the Admissions Office. In the event that your request is denied, you will be notified via email and be required to meet the English Proficiency Score Requirements before admission is granted.

This section for internal use only

Approving Officer	Decision	Notes	Signature	Date
Admissions Officer	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Conditional			
CAO	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Conditional			
COO	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Conditional			



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STUDENT REFERRAL FORM

Applicant Name: _____ Date: _____
Last First Middle(INITIAL)

Program of Study	<input type="checkbox"/> <i>Master of Business Administration (MBA)</i>	
Applying Quarter/Year	<input type="checkbox"/> <i>Winter</i> <input type="checkbox"/> <i>Spring</i> <input type="checkbox"/> <i>Summer</i> <input type="checkbox"/> <i>Fall</i> / Year: _____	
Did someone REFER you to this School?	<input type="checkbox"/> YES , I was referred by someone.	<input type="checkbox"/> NO , I was not referred by anyone.
	If you answered YES , please specify the name and contact details of the person who referred you: _____ Last Name: First Name: Phone Number: _____ Email Address: _____	If you answered NO , how did you hear about our school? <input type="checkbox"/> Internet Search <input type="checkbox"/> School Website <input type="checkbox"/> Social Media (Facebook, Twitter, Instagram) <input type="checkbox"/> School Orientation or School Event <input type="checkbox"/> Brochures / Pamphlets / Flyers / Posters <input type="checkbox"/> Print Advertisement (Newspaper/ Magazines) <input type="checkbox"/> Others, please specify: _____
	Is the person a student, former student, or an alumni of this School? <input type="checkbox"/> YES, he/she is currently a student at CTSB <input type="checkbox"/> YES, he/she is a CTSB alumni or former student <input type="checkbox"/> NO, he/she is not connected with CTU.	

Applicant's Name

Signature

Date

Name of School Official

Signature

Date