

American Beauty Academy closed school survey, all Maryland locations

*NOTE: If you completed an ABA program prior to November 17, 2015, or had withdrawn or been withdrawn by the school prior to November 17, 2015, **DO NOT COMPLETE THIS FORM**. The only help that MHEC can offer you is to provide you with copies of student records in our possession. To request them, complete the form found on our web page <http://www.mhec.state.md.us/career/pcs/closures.asp> "How to obtain a student transcript from a closed school."*

**SURVEY OF STUDENTS WHO WERE ENROLLED AND ATTENDING
AMERICAN BEAUTY ACADEMY (ABA)**

AS OF NOVEMBER 17, 2015

MARYLAND LOCATIONS ONLY: BALTIMORE AND WHEATON

**This completed survey along with the requested documents
must SIGNED, then mailed or emailed to:**

**PCS Career and Workforce Education
ABA Closed School Student Survey
Maryland Higher Education Commission
6 N. Liberty Street, 10th Floor
Baltimore, MD 21201
c-pcs@mhec.state.md.us**

If requesting a refund, submit copies of the following documents, if you have them:

- Enrollment agreement/contract with American Beauty Academy
- Loan agreement papers with any lending institutions, including those for federal financial aid
- Proof of personal payment(s) to American Beauty Academy and/or private lending institutions (required for refund)
- Documents indicating your attendance and academic achievement at the School (e.g. academic transcripts, certificates, evidence of passage of any industry certification exams)

ABA location at which you were a student: _____

Name: _____ Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (Work) _____ (Home) _____ (Cell) _____

E-Mail Address: _____

Name of the ABA program in which you were enrolled: _____

1. Please check your student status at the time American Beauty Academy (all three locations) closed on November 17, 2015.

Status	Your Training Status when School Closed
<input type="checkbox"/>	I was <i>attending</i> American Beauty Academy when it closed.
<input type="checkbox"/>	I <i>never started</i> training. I enrolled and made a partial or full payment, but never started any training at American Beauty Academy.
<input type="checkbox"/>	I <i>completed</i> all of my coursework before American Beauty Academy closed.
<input type="checkbox"/>	I had already <i>withdrawn</i> from American Beauty Academy at the time it closed.
<input type="checkbox"/>	I had been <i>terminated</i> by American Beauty Academy before the school closed.
<input type="checkbox"/>	I was enrolled and had begun my training, but was on a <i>Leave of Absence</i> at the time American Beauty Academy closed.
<input type="checkbox"/>	Other (please specify) _____

2. When did you start your training, or when were you scheduled to start your training?

3. When did you complete your training, or when were you scheduled to complete your training?

4. As of your last student progress report presented to you by ABA, how many program hours had you completed?

5. Which of your program modules or courses were you attending as of November 17, 2015?

Module/Course: _____ Hours completed: _____

6. **If requesting a refund**, please check the method of payment and write in the amount paid by you or on behalf of you to American Beauty Academy. These amounts should reflect what was actually paid, not simply promised to the paid. *(You must enclose copies of any proof of self-payment and any loan information.)*

	Method of Payment	Paid to (if applicable)	Amount
<input type="checkbox"/>	Credit card		\$
<input type="checkbox"/>	Cashiers check, money order, or cash		\$
<input type="checkbox"/>	Total Federal Financial Aid amount paid on your behalf		\$
<input type="checkbox"/>	Private Student Loan amount paid on your behalf		\$
<input type="checkbox"/>	Other loan (please specify)		\$
<input type="checkbox"/>	Other (please specify)		\$

7. OPTIONS FOR ELIGIBLE STUDENTS:

Refund & Federal Student Loan Discharge: If you opt for a refund of tuition and fees paid by you or a private third party on your behalf (such as a private student loan), then you will not be able to “transfer” any American Beauty Academy coursework to another institution or receive a teach-out. It is similar to returning merchandise to a store – you receive your full refund, but you give up the merchandise. (If you passed a certification exam, then that is between you and the certifier. It is not subject to these policies.) By choosing this option, you will also have to *separately* apply for a federal student loan discharge, if applicable.

Teach-Out: If you choose to participate in an approved teach-out institution you must first contact the approved institution. The school may charge you no more than the unpaid balance on your American Beauty Academy account and you will still have to pay back any loans taken out to fund your ABA program. You must also complete the MHEC Transcript request form to obtain a transcript copy for your new school. They will need this to place you in their program.

Transfer: You may also choose to apply to transfer into another institution. This is your individual choice and will probably require an official copy of your ABA student transcript.

You must select one of the options below. Once you have chosen an option and returned this form to MHEC, you may not change your decision. By checking an option below, you affirm that you have read and understand the information regarding your options.

OPTIONS	
<input type="checkbox"/>	<p>I only want a refund <i>and</i> will pursue a federal student loan discharge from the United States Department of Education. I will <i>not</i> be participating in a teach-out at another institution or transferring to another institution for completion of this program.</p>
<input type="checkbox"/>	<p>I will be pursuing a teach-out at an institution approved by MHEC to complete my education. I understand that I will be responsible for repaying the loans I received to fund my ABA program.</p> <p>Please send a copy of my official transcript to (choose one):</p> <p><input type="checkbox"/> The following school: _____ Address: _____</p> <p><input type="checkbox"/> My home address. I must deliver the unopened transcript to my institution. Number of copies requested: _____</p> <p>_____ Date _____</p> <p><i>Signature (required)</i></p>
<input type="checkbox"/>	<p>I will individually be pursuing a transfer into another institution’s program to complete my education. I understand that I will be responsible for repaying the loans I received through ABA.</p> <p>Please send a copy of my official transcript to (choose one):</p> <p><input type="checkbox"/> The following school: _____ Address: _____</p> <p><input type="checkbox"/> My home address. I must deliver the unopened transcript to my institution. Number of copies requested: _____</p> <p>_____ Date _____</p> <p><i>Signature (required)</i></p>