

Higher Education Coordinating Commission
Office of Academic Policy and Authorization
Private Career Schools Licensing Unit
3225 25th Street SE
Salem, Oregon 97302
www.oregon.gov/HigherEd

## OREGON TUITION PROTECTION FUND STUDENT CLAIM FORM

The authorization for this claim is found in ORS 345.110 and OAR 715-045-0029 (9)-(11)

### DEADLINE FOR SUBMITTING FORM AND SUPPORTING DOCUMENTATION: July 19, 2024

| Student Information (please type or print)               |                         |               |                              |                             |
|--|-------------------------|---------------|------------------------------|-----------------------------|
| Name:  |                         |               |                              |                             |
| Email:   |                         |               |                              |                             |
| Phone (home)   | ):                      |               | (work):                      |                             |
| Current Perm   | nanent Address: NO      | TE: No PO Bo  | ox addresses will be accep   | ted.                        |
|  | Street Address          |               |                              |                             |
| City   | State                   | Zip           |                              |                             |
| Name:<br>Epicodus Inc<br>520 SW 6th Av<br>Portland, OR 9 | re Ste 300              |               |                              |                             |
| Owners of<br>Michael Kaise                               |                         |               |                              |                             |
| HECC notif   | fied of closure: Jai    | nuary 3, 2024 | Last day classes offe        | <b>ered</b> : March 8, 2024 |
| PROGRAM INI  | FORMATION               |               |                              |                             |
| Name of Prog   | gram:                   |               |                              |                             |
| Student Start  | Date:                   |               |                              |                             |
| State the num clock hours.                               | ber of clock hours that | you completed | while enrolled at Epicodus _ | out of                      |



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| Provide a copy of your enrollment agreement - (you   | ur scriooi rias copies)     |
|--|-----------------------------|
| FINANCIAL INFORMATION  |                             |
| List total amount of tuition paid to school:   |                             |
| Source of tuition payments (student, lender, 3 <sup>rd</sup> party, etc.):   |                             |
| Was your 3 <sup>rd</sup> party loan agreement with UP Fund ISA loan? If <b>Yes</b> , w                                   | rite in "Yes" in this space |
| ▶ Provide supporting documentation of above payme (i.e., copy of check, receipts, loan reports/disbursements/adjustments |                             |
| I hereby certify that the foregoing information and support accurate to the best of my knowledge. (please sign as wet    | •                           |
| Signature of Student:  | Date:                       |
| Signature of Parent/Guardian: (If currently under 18 yrs. old)   | Date:                       |
|  |                             |
| Please read and sign page 2.   |                             |



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# OREGON TUITION PROTECTION FUND STUDENT CLAIM FORM ASSIGNMENT OF RIGHTS TO THE OREGON HIGHER EDUCUCATION COORDINATING COMMISSION

#### OREGON ADMINISTRATIVE RULE 715-045-0029:

- (2) Purpose of the fund:
  - (a) Students attending schools licensed by the State of Oregon, other than students covered by another state's tuition protection, may apply to the commission, when a school ceases to provide educational services, for a refund of tuition from the fund established pursuant to this rule to the extent that such fund exists or has reached the level necessary to pay outstanding approved claims. The liability of the fund for claims against the school shall not exceed the total amount of the liability limit assigned to the school under subsection (3)(a) of this rule. Such limitation on each school's liability remains unchanged by single or cumulative disbursements made on behalf of the school. If the commission's executive director finds that a student is entitled to a refund of tuition, the executive director shall determine the amount of refund based on criteria established by the commission:
  - (b) The commission shall direct the State Treasurer to pay the refund to the student or the student's financial sponsor(s). If the student is a minor, payment shall be made to the student's financial sponsor(s). Each recipient of a tuition refund shall, as a condition for receiving the claim, assign all rights to the commission of any action against the school or its owner(s) for tuition amounts reimbursed pursuant to this section.

I have read the above statement. I understand that by submitting my TPF claim, I am assigning to the Higher Education Coordinating Commission, my rights of any action against the school or its owners(s) for tuition amounts reimbursed to me from the TPF.

## Important information regarding claims from Private Career Schools Tuition Reimbursement Fund

The Higher Education Coordinating Commission maintains the Private Career School Tuition Protection Fund under state law for the purpose of paying claims for tuition reimbursement by students affected when a private career school ceases to provide educational services. Submission of a claim does not guarantee that a student will receive full tuition reimbursement from the fund. The Commission's rules limit the total amount of liability that can be satisfied from the fund for a single school's closing. Depending on the number of claims submitted and the amounts, students may receive partial payment of claims on a pro rata basis.



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By signing below, I verify that I understand that submission of a claim for reimbursement from the Tuition Protection Fund does not guarantee that I will receive the full amount of my claim. By signing this form, I also verify that I understand that once I have submitted my claim and any TPF refund is sent to the address I have provided on my TPF claim form, the claim process is closed and final.

#### **Assignment of Rights to HECC**

As a condition to accepting payment of any claim amount from the Tuition Protection Fund, a student must assign all rights against the school and its owners to the extent of amounts paid from the Fund. By signing below, I hereby irrevocably assign to the State of Oregon, by and through its Higher Education Coordinating Commission, all rights, causes of action, claims, and rights to payment from Michael Kaiser-Nyman, doing business as Epicodus, Inc., and any of its owners, members, representatives, or agents related to the cessation of educational services, to the extent of all amounts I receive from the Tuition Protection Fund. This assignment does not create any obligation for the Higher Education Coordinating Commission to pursue the school or any other parties for any amounts that are not reimbursed through the Tuition Reimbursement Fund.

| Signature of Student                                   | Date |
|--|------|
|  |      |
|  |      |
|  |      |
| Signature of Parent or Guardian (if under 18 yrs. old) | Date |