



Dental and Medical Career Training Institute

45 Trinity St. Newton, NJ 07860
Telephone: (862) 248-0313
www.dentalmedicalcti.com

ENROLLMENT AGREEMENT

Name: _____ Social Security No.: _____

Address: _____

Telephone: _____ Email: _____

Program: _____ Schedule: Mon.-Sat. (9:00 a.m. - 9:00 p.m.)

Total Hours: _____ Start Date: _____ End Date: _____

Fees

There is non-refundable registration fee of \$_25_____. This fee is not part of the tuition. The tuition will cover the entire program. The student is responsible for 100% of the tuition on or before the first day of class.

Registration \$_____ Tuition \$_____ Books \$_____ Other \$_____

TOTAL \$_____

Tuition Refund Policy

Students who wish to cancel their enrollment in a program or at the school must do it in writing. The request must include the date of withdrawal and must be dated and signed by the student. This letter must be received within one week of withdrawal (5 business days) to receive tuition reimbursement for that week. Tuition reimbursement will begin the week the notification is received.

All monies will be refunded if the applicant is not accepted by the school or if the student cancels within three (3) business days after the enrollment agreement is signed by both parties, even if instruction has begun.

Cancellation after the third (3rd) business day, but before the first class, will result in a refund of all the monies paid, with the exception of the Administrative Fees.

If withdrawal or cancellation occurs after classes have started, the school will retain the registration fee plus the pro-rata portion of the tuition calculated on weekly basis.

Tuition, registration, and application fees will be refunded if classes are canceled.

The student agrees to maintain regular attendance and to abide by the rules and regulations of the school. The student understands that regular attendance is the obligation of the student and that the school's policy regarding absence and make-up as stated in the school catalog will apply. Violation of school rules and regulations may subject student to dismissal.

The student acknowledges receiving a copy of this agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. By signing this contract, the student acknowledges that he/she has read this contract and understands and agrees to the terms and conditions outlined in this contract. Signing of this contract by the school is written confirmation by the school that the above-named student has been approved to enter the above-named program(s). This agreement is not binding until three business days after signing by both parties. The student and the school will retain a copy of this agreement.

Tuition Payment Instructions

To pay by check, make it payable to Dental and Medical Career Training Institute, mail or drop it off at our office at 45 Trinity St., Newton NJ 07860

To pay by credit card, schedule an appointment at our office, or simply fill out the attached Credit card Authorization form and email it back with your Enrolment Application.

Applicant's Signature

Date

School Director's Signature

Date