

COLUMBUS ACADEMY OF DENTAL ASSISTING, LLC

5080 Bradenton Ave. Suite A
 Dublin, OH 43017
 (614) 526-8842
 FAX (614) 766-2874
 Registration #2116

STUDENT INFORMATION			
Student Name:		Date:	
Address:		City/State/Zip:	
Telephone:		S.S. Number:	
E-mail Address:			

I am here by enrolling in the following academic program and my enrollment is subject to the terms and conditions stated in this enrollment agreement.

COURSE and COURSE COST			
Course Name:	Dental Assisting		
Course Length:	78 Hours Plus 50 internship hours TOTAL: 128 (Clock Hours)*	Start Date:	
*This program is completed in either 10 or 13 calendar weeks			
Tuition:	\$ 4,495.00		
Books/Supplies:	\$ 150.00	Registration Fee	\$ 125.00
Total projected cost of program at current tuition and fee rates:			\$ 4,770.00

Tuition and fee charges are subject to change at the schools discretion. Any tuition or fee increases will become effective for the school term following student notification of the increase.

Payment:

All tuition and fees are payable for one quarter, semester, or school term only. Payment is due prior to the start of classes each term or at the agreed upon due date following the payment plan below.

Tuition Payment Plan for a 12 Week Session

To assist students who are financially not capable of paying the full tuition up front, the school will offer an easy interest free installment payment plan. These terms are available to all students who need assistance. The plan will consist of four (4) installments:

1 st installment on the 1 st week of class	\$1,192.50
2 nd installment on the 4 th week of class	\$1,192.50
3 rd installment on the 8 th week of class	\$1,192.50
4 th installment on the 12 th week of class	\$1,192.50
Total Payment	\$4,770.00

Cancellation and Settlement Policy

This enrollment agreement may be canceled within five calendar days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will

promptly refund in full all tuition and fees paid pursuant of the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student has already started academic classes.

Refund Policy

If the student is not accepted into the training program, all monies paid by the student shall be refunded. Refunds for books, supplies, and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10-1. There is one (1) academic term for this program that is 128 clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with the following provisions as established by Ohio Administrative Code section 3332-1-10:

- (1) A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
- (2) A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and refundable fees plus the registration fee.
- (3) A student who starts class and withdraws after the academic term is 15% completed but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
- (4) A student who starts class and withdraws after the academic term is 25% completed but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
- (5) A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

Complain or Grievance Procedure

All student complains should be first directed to the school personnel involved. If no resolution is forthcoming, a written complain shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, State Board of Career Colleges and School, 30 East Broad Street, Suite 2481, Columbus, Ohio, 43215, Phone 614-466-2752; toll free 877-275-4219.

I acknowledge that I have received a school catalog and agree with the school policies and procedures stated. I acknowledge that I have received and read a copy of this enrollment agreement.

Applicant Signature

Date

Columbus Academy of Dental Assisting
Signature of School Official

Date

Revised October 2019