

Northwest Ohio Dental Assisting School

5532 West Central Avenue - Toledo, Ohio 43615 - Phone: 419-345-9215

Student: _____ Date: _____

Address: _____ City: _____ State: _____ Zip _____

Phone Number: _____ Social Security Number _____

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

Program Name: Dental Assistant Training **Start Date:** _____

Expected program length: 96 Clock Hours
This program is normally completed in 12 calendar weeks

Tuition and Fees:
Registration Fee..... \$100
Tuition \$2500
Payment: All tuition and fees are payable for one term only. Payment is due prior to the start of classes. Students may opt for a down payment of \$1000 paid prior to the start of classes with the balance due by week six.
Tuition includes books, but does not include dental assistant radiography certification, Hepatitis B immunizations, CPR certifications, or uniform expense. These are payable to outside providers

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.

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 to 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 96 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.

Complaint or Grievance Procedure

All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, a written complaint 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 Schools, 35 East Gay Street, Suite 403, 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: _____
Parent or Guardian (if applicable) _____ Date: _____

School representative: _____ Date: _____