Your School Name

ADDRESS

Phone:

WEBSITE

EMAIL

**Student Enrollment Agreement**

**STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT STATE ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM INFORMATION**

**DATE OF ADMISSION:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PROGRAM / COURSE NAME:**

**DESCRIPTION OF PROGRAM / COURSE:**

**ADMISSION REQUIREMENT TO PROGRAM / COURSE:**

**PROGRAM / COURSE OBJECTIVES:**

PROGRAM START DATE: \_\_\_\_\_\_\_\_\_\_\_ SCHEDULED END DATE: \_\_\_\_\_\_\_\_\_\_\_\_

FULL-TIME PART-TIME x DAY EVENING

xxxx

x

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS: \_\_\_\_\_\_\_\_\_\_ TIME CLASS ENDS: \_\_\_\_\_\_\_\_\_\_

NUMBER OF WEEKS: \_\_\_\_\_

TOTAL CLOCK HOURS: \_\_\_\_\_\_\_\_\_\_\_

## COURSE HOURS:

00 Clock hours with the following breakdown: 00 hours of theory, 00 hours of lab and 00 hours in clinical.

**TUITION & FEES:**

## CANCELLATION/ REFUND POLICIES:

**STUDENT ACKNOWLEDGMENTS**

The student acknowledges receiving a copy of this completed agreement and the school course catalog prior to signing this agreement. By signing this agreement, the student acknowledges that he/she has read this agreement, understands the terms and conditions, and agrees to the conditions outlined in this agreement. The student and the school will retain a copy of this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Student’s Signature Date Program Coordinators Signature Date