

**DRAKE COLLEGE OF BUSINESS**

800 Broad St.  
Newark, NJ. 07102  
Phone (973) 645-1333  
Fax (973) 645-1377

**ENROLLMENT AGREEMENT**

I \_\_\_\_\_ hereby apply for enrollment in the Medical Office Technology Program;  
This consists of 32.8 credits or 740 hours of instruction.

Beginning date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ending date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**I understand that the training cost of the program of instruction is:**

Tuition: **\$15,700.00**  
Book/Supply: **\$800.00**  
Registration Fee (Non Refundable): **\$200.00**  
Total: **\$16,700.00**

Tuition is due and payable upon entry. However, in the event a student is scheduled to receive Title IV funding or has a substantial hardship, a tuition payment plan can be arranged at the discretion of the director. Liability of tuition will occur within the first day of instruction.

Method of payment.....Pell  Other  \_\_\_\_\_

**HOURS OF INSTRUCTION**

Classes are conducted between the hours of \_\_\_\_\_ to \_\_\_\_\_ Monday to Friday.

**REFUND POLICY**

A pro rata refund policy has been established for all students who attend the institution in programs of more than 300 hours in duration and who withdraw or otherwise fail to complete the period of enrollment\* as follows:

Within 1<sup>st</sup> week \_\_\_\_\_ 90% refund  
Within 2<sup>nd</sup> or 3<sup>rd</sup> week \_\_\_\_\_ 80% refund  
After 3<sup>rd</sup> week up to 25% of program \_\_\_\_\_ 55% refund  
After 25% to 50% of program \_\_\_\_\_ 30% refund  
After 50% of program \_\_\_\_\_ 0% refund

\*The "Period of Enrollment" is measured by dividing the numbers of weeks remaining as of the last recorded date of attendance by the total number of weeks comprising the enrollment period.

I understand that in case I default on my payments owed to Drake College of Business, I will be fully responsible for all fees associated with the collection of my balance.

I acknowledge receiving a copy of this agreement, the school bulletin, and written confirmation of acceptances prior to signing this contract. This agreement is not binding until three businesses days after signing by both parties. The student and the school will retain a copy of this agreement. I hereby accept to pay all the additional collection fees in the event of a default of my payments

**APPROVED BY:**

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Student Signature) (Date)

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(School Official Signature) (Date)

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Parent/Guardian) Signature if Necessary (Date)

*Owned and Operated  
By MCCT-Inc*

DCB-US-SEN-00002957

**DRAKE COLLEGE OF BUSINESS**

125 Broad St.  
Elizabeth, NJ. 07201  
Phone (908) 352-5509  
Fax (908) 352-6915

**ENROLLMENT AGREEMENT**

I \_\_\_\_\_ hereby apply for enrollment in the Dental Assisting Program;  
This consists of 41.6 credits or 900 hours of instruction.

Beginning date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ending date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**I understand that the training cost of the program of instruction is:**

Tuition:	<b>\$15,700.00</b>
Book/Supply:	<b>\$800.00</b>
Registration Fee (Non Refundable):	<b>\$200.00</b>
Total:	<b>\$16,700.00</b>

Tuition is due and payable upon entry. However, in the event a student is scheduled to receive Title IV funding or has a substantial hardship, a tuition payment plan can be arranged at the discretion of the director. Liability of tuition will occur within the first day of instruction.

Method of payment..... Pell( ) Other( ) \_\_\_\_\_

**HOURS OF INSTRUCTION**

Classes are conducted between the hours of \_\_\_\_\_ to \_\_\_\_\_ Monday to Friday.

**REFUND POLICY**

A pro rata refund policy has been established for all students who attend the institution in programs of more than 300 hours in duration and who withdraw or otherwise fail to complete the period of enrollment\* as follows:

Within 1 <sup>st</sup> week	90% refund
Within 2 <sup>nd</sup> or 3 <sup>rd</sup> week	80% refund
After 3 <sup>rd</sup> week up to 25% of program	55% refund
After 25% to 50% of program	30% refund
After 50% of program	0% refund

\*The "Period of Enrollment" is measured by dividing the numbers of weeks remaining as of the last recorded date of attendance by the total number of weeks comprising the enrollment period. I understand that in case I default on my payments owed to Drake College of Business, I will be fully responsible for all fees associated with the collection of my balance.

I acknowledge receiving a copy of this agreement, the school bulletin, and written confirmation Of acceptance prior to signing this contract. This agreement is not binding until three businesses Days after signing by both parties. The student and the school will retain a copy of this agreement.

I hereby accept to pay all the additional collection fees in the event of a default of my payments

**APPROVED BY:**

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Student Signature) (Date)

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(School Official Signature) (Date)

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Parent/Guardian) Signature if Necessary (Date)

*Owned and Operated*

DCB-US-SEN-00002958

**DRAKE COLLEGE OF BUSINESS**

125 Broad St.  
Elizabeth, NJ. 07201  
Phone (908) 352-5509  
Fax (908) 352-6915

**ENROLLMENT AGREEMENT**

I \_\_\_\_\_ hereby apply for enrollment in the Microsoft Office User Specialist Program;  
This consists of 33.06 credits or 740 hours of instruction.

**Beginning date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Ending date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**I understand that the training cost of the program of instruction is:**

Tuition:	<b>\$15,700.00</b>
Book/Supply:	<b>\$800.00</b>
Registration Fee (Non Refundable):	<b>\$200.00</b>
Total:	<b>\$16,700.00</b>

Tuition is due and payable upon entry. However, in the event a student is scheduled to receive Title IV funding or has a substantial hardship, a tuition payment plan can be arranged at the discretion of the director. Liability of tuition will occur within the first day of instruction.

Method of payment.....Pell( ) Other( ) \_\_\_\_\_

**HOURS OF INSTRUCTION**

Classes are conducted between the hours of \_\_\_\_\_ to \_\_\_\_\_ Monday to Friday.

**REFUND POLICY**

A pro rata refund policy has been established for all students who attend the institution in programs of more than 300 hours in duration and who withdraw or otherwise fail to complete the period of enrollment\* as follows:

Within 1 <sup>st</sup> week	90% refund
Within 2 <sup>nd</sup> or 3 <sup>rd</sup> week	80% refund
After 3 <sup>rd</sup> week up to 25% of program	55% refund
After 25% to 50% of program	30% refund
After 50% of program	0% refund

\*The "Period of Enrollment" is measured by dividing the numbers of weeks remaining as of the last recorded date of attendance by the total number of weeks comprising the enrollment period. I understand that in case I default on my payments owed to Drake College of Business, I will be fully responsible for all fees associated with the collection of my balance.

I acknowledge receiving a copy of this agreement, the school bulletin, and written confirmation Of acceptance prior to signing this contract. This agreement is not binding until three businesses Days after signing by both parties. The student and the school will retain a copy of this agreement.

I hereby accept to pay all the additional collection fees in the event of a default of my payments

**APPROVED BY:**

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Student Signature) (Date)

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(School Official Signature) (Date)

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Parent/Guardian) Signature if Necessary (Date)

*Owned and Operated*

DCB-US-SEN-00002959

**Excerpts, selected by the HELP Committee, from a larger document**  
**produced by the company**