DRAKE COLLEGE OF BUSINESS

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

ENROLLMENT AGREEMENT

l hereby	apply for enrollment in the	e <u>Medical (</u>	<u> Iffice Technolo</u>
This consists of 32.81 credits or 740 hours of			
Beginning date//	Ending date_	/_	/
I understand that the training goat of the	waawam afinatuuntian in	_	
I understand that the training cost of the p Tuition:	\$15,700.00	:	
Book/Supply:			
Registration Fee (Non Ref			
Total:	\$16,700.00		1,
Tuition is due and payable upon entry. How			
Title IV funding or has a substantial hardship			
discretion of the director. Liability of tuition	will occur within the first	day of instr	uction.
Method of paymentPell	Othor V		
Method of paymentPen			
HOURS OF	F INSTRUCTION		•
Classes are conducted between the hours of		Monday	to Friday.
_			
REFU	IND POLICY		
A pro rata refund policy has been established	for all students who atten	d the institu	ution in
programs of more than 300 hours in duration			
period of enrollment* as follows:			
Within 1st week	90	% refund	
Within 2 nd or 3 rd week	80° % of program 55° program 30° 30° 30° 30° 30° 30° 30° 30° 30° 30°	% refund	
After 3 rd week up to 25	% of program 55	% refund	
After 25% to 50% of r	program 36	% refund	
After 50% of program	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	% refund	
*The "Period of Enrollment" is measured by			ining as of the
last recorded date of attendance by the total r			
I understand that in case I default on my pays			
fully responsible for all fees associated with			ness, i will be
			C
I acknowledge receiving a copy of this agree			
of acceptances prior to signing this contract.			
days after signing by both parties. The studer	it and the school will retain	n a copy of	this agreement.
I hereby accept to pay all the additional colle		detault of	my payments
X	ROVED BY:	/	/
(Student Signature)		(Date)	
((Dute)	
X		_/	/
(School Official Signature)		(Date)	
x		/	/
(Parent/Guardian) Signature if Necessary	the first section of the section of	(Date)	
Carra and an array and array a			wned 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

Ihereby apply for	enrollment in the	Dental A	Assisting Program;
This consists of 41.6 credits or 900 hours of instruction	n.		
Beginning date//	Ending date_		
I understand that the training cost of the program	af instruction is		·
Tuition:	\$15,700.00		
Book/Supply:	\$800.00		
Registration Fee (Non Refundable)			
Total:	\$16,700.00		
Tuition is due and payable upon entry. However, in the		is schedu	uled to receive
Title IV funding or has a substantial hardship, a tuition			
discretion of the director. Liability of tuition will occu			
		u ay 01 1110	
Method of payment Pell() Other	er()		V-1
HOURS OF INSTR	UCTION	•	
Classes are conducted between the hours of	to	Monda	y to Friday.
•			
REFUND POI			
A pro rata refund policy has been established for all st	udents who atten	d the insti	tution in
programs of more than 300 hours in duration and who	withdraw or oth	erwise fai	I to complete the
period of enrollment* as follows:			
Within 1st week	90	% refund	
Within 2" or 3" week	80	% retund	•
After 3 rd week up to 25% of prog	gram55	% 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 v	eeks rema	aining as of the
last recorded date of attendance by the total number of	f weeks comprisi	ng the enr	ollment period.
I understand that in case I default on my payments ow	ed to Drake Coll	ege of Bus	siness, I will be
fully responsible for all fees associated with the collect			
I acknowledge receiving a copy of this agreement, the	school bulletin,	and writte	n confirmation
Of acceptance prior to signing this contract. This agree			
Days after signing by both parties. The student and the			
agreement.			
I hereby accept to pay all the additional collection fees	s in the event of a	default o	f my payments
APPROVED			-
X		1.	/ .
(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

	apply for enrollment in the Microsoft Office User Specialist Prog
This consists of 33.06 credits or 740 hours of	f instruction.
Beginning date/ /	Ending date//
I understand that the training cost of the p	program of instruction is:
Tuition:	\$15,700.00
Book/Supply:	\$800.00
Registration Fee (Non Refi	
Total:	\$16,700.00
i Otai.	310,700.00
Tuition is due and navable upon entry. How	wever, in the event a student is scheduled to receive
Title IV funding or has a substantial hards	ship, a tuition payment plan can be arranged at the
discretion of the director. Liability of this	tion will occur within the first day of instruction.
Method of paymentPell(() Other
Method of paymentren(() Other()
HOUDS OF	FINSTRUCTION
	toMonday to Friday.
classes are conducted between the nours of _	towonday to Friday.
Drott	UND POLICY
A pro rata refund policy has been established	
	and who withdraw or otherwise fail to complete the
period of enrollment* as follows:	
Within 1st week	90% refund 80% refund % of program55% refund
Within 2 nd or 3 rd week_	80% refund
After 3 rd week up to 259	% of program55% refund
After 25% to 50% of p	orogram 30% refund
After 50% of program	program 30% refund 0% refund
	dividing the numbers of weeks remaining as of the
	number of weeks comprising the enrollment period.
	ments owed to Drake College of Business, I will be
fully responsible for all fees associated with t	
	ment, the school bulletin, and written confirmation
	This agreement is not binding until three businesses
Days after signing by both parties. The studer	nt and the school will retain a copy of this
agreement.	
	ection fees in the event of a default of my payments
APPI	ROVED BY:
X	
(Student Signature)	(Date)
X	
X(School Official Signature)	(Date)
	(Suiv)
X	//
(Parent/Guardian) Signature if Necessary	
	Owned and Operated

DCB-US-SEN-00002959

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