## Dental Assisting Institute 605 Standiford Avenue, Suite H Tel: 209 527-0101 Fax: 209 661-9005

## **RDA Law & Ethics Home Study Course AGREEMENT**

Last	]	First			Student's Soc. Sec. #			
Student's Address	udent's Address		City		State Zip			
Phone #1	Cell Ph	none	Date of Birth			Admin Rep		
Citizen Status	Alien#		High School Grad:			Campus: Modesto		
Nationality	Marital Status		S Start Date		Comple	tion Date	Email	
COURSE TITLE		RI	OA Law & Ethics Hor	me Study Cour	rse			
Program Description		RI	OA Law & Ethics Hor	me Study Cour	rse			
TOTAL FEES, CH	ARGES, AN	D EXP	ENSES					
Registration Fee:	\$ 100.0							
Tuition Fee	\$							
Book Fee	\$	75.00						
T 1101 *	\$	175.00	Total you will be ch	organist for view	· · · · · · · · · · · · · · · · · · ·	d		
Total Charges*				larged for your		dy		
SCHEDULE OF PA			own Payment P		Paid on			
Balance due:	\$	on			1			
*YOU ARE RESP By signing you un although placemer employment or ind courses unless the below, purchaser u	derstand ar at assistanc come level instructor	nd acking to any cancels	nowledge that you be provided to you student or graduat s the course. Cour	have receive; you recognize. Dental Arses are non-	ed and reac snize that that that assisting Instransferable	e school car stitute does i e and non-re	not promise not provide r	or guarantee refunds for
(Signature of Stude			(Date)					
(Signature of Paren	n)		(Date)					
(Signature and Title			(Date)					