

Dental Assisting Institute
3300 Tully Road, Suite A-6
Modesto, CA 95350
Tel: (209) 527-0101 Fax: (209) 661-9005

Ultrasonic Scaler Course AGREEMENT

Last	First	Middle	Student's Soc. Sec. #	
Student's Address		City	State	Zip
Phone #1	Cell Phone	Date of Birth	Admin Rep	
Citizen Status	Alien #	High School Grad:	Campus: Modesto	
Nationality	Marital Status	Start Date	Completion Date	Email

COURSE TITLE		Ultrasonic Scaler Course		
Program Description		Ultrasonic Scaler Course		
TOTAL FEES, CHARGES, AND EXPENSES				
<i>Registration Fee:</i>	\$	100.00		
<i>Tuition Fee</i>	\$	285.00	Total tuition charged for the program or course.	
<i>Equipment Fee</i>	\$			
Total Charges*	\$	385.00	Total you will be charged for your course of study	
SCHEDULE OF PAYMENTS:				
		Down Payment	Paid on	
Balance due:	\$	on		

***YOU ARE RESPONSIBLE FOR PAYMENT OF THIS AMOUNT.**

By signing you understand and acknowledge that you have received and read the current course information and although placement assistance may be provided to you; you recognize that the school cannot promise or guarantee employment or income level to any student or graduate. Dental Assisting Institute does not provide refunds for courses unless the instructor cancels the course. Courses are non-transferable and non-refundable. By signing below, purchaser understands and accepts the policy of Dental Assisting Institute.

(Signature of Student)

(Date)

(Signature of Parent or Legal Guardian)

(Date)

(Signature and Title of School Official)

(Date)