Modern Dental Training of Cumming
2950 Buford Hwy, Suite 190, Cumming, GA 30041 | 470-310-1885 | info@moderndentaltraining.com

ENROLLMENT AGREEMENT

13-Week Dental Assistant Training Program

STUDENT INFORMATION

Student Full Name		**Date of Birth**	
Address		**City / State / Zip**	
Phone		**Email**	
Emergency Contact		**Relationship**	
Emergency Phone			

PROGRAM INFORMATION

Program Title	**Dental Assisting Certificate Program**
Program Start Date	
Program End Date	
Program Length	13 weeks / 120 total clock hours
Class Schedule	Saturdays, 8:00 AM - 2:00 PM

Program Objective

This program provides training in dental assisting to prepare students for entry-level employment in a dental office. Successful completion results in a Dental Assistant Certificate, Radiology Certificate, and CPR Certification. Licensure is not required for employment as a dental assistant in the State of Georgia.

PROGRAM LENGTH AND CLOCK HOURS

Component	**Hours**
In-Person Lecture	45
Hands-On Lab Instruction	39
Clinical Externship at Dental Offices	36
Total Clock Hours	**120**

ATTENDANCE, GRADING, AND GRADUATION

- Students must attend all scheduled Saturday sessions.
- Missing more than two (2) class sessions is grounds for dismissal.
- Exceptions may be granted at the school's discretion with valid documentation.
- Students must maintain a minimum overall grade of 70% to graduate.
- Students scoring below 70% on a quiz or test may retake it once. The retake score replaces the original score. Midterm and final exams may not be retaken unless otherwise approved in writing by the Program Director.
- Students must complete 36 hours of externship in a licensed dental office.

Student Initials: _____

TUITION AND FEES

Program Tuition	**Application Fee**	**Book Rental Deposit**
$3,800.00 Total tuition for all payment options.	$150.00 Application fee applied toward tuition when student enrolls.	$120.00 Refundable upon return of textbook in acceptable condition.

Uniforms are not included and are the student's responsibility. Card payments are accepted. Tuition and fees do not increase during the enrollment period.

Total Financial Obligation: $3,800.00 for the 13-Week Dental Assistant Training Program, before any applicable cash/check discount (see Payment Options below).

The $150.00 application fee is required to process the application and reserve a seat in the program. It is applied toward the total program tuition and is refundable in accordance with the Cancellation and Refund Policy below. The total financial obligation for the program remains $3,800.00.

Tuition and fees are not transferable to another program or term.

Modern Dental Training of Cumming does not participate in federal Title IV financial aid programs.

Student Initials: _____

PAYMENT OPTIONS - SELECT ONE

Option 1 - Payment in Full Student Initials: _____	Option 2 - In-House Payment Plan Student Initials: _____	Option 3 - Third-Party Financing (Denefits) Student Initials: _____
Application Fee: $150 applied toward tuition Balance Due at Enrollment: $3,650 Cash/Check Discount: $100 off Cash/Check Total: $3,700 Payment Method: cash, check, or card Total financial obligation after cash/check discount: $3,700.00 if eligible.	Application Fee: $150 applied toward tuition Down Payment: $790 due at/before orientation Remaining Balance: $2,860 Payments: $220/week x 13 weeks Failed Payment Fee: $25 per occurrence Total financial obligation: $3,800.00.	Students using Denefits enter a separate financing agreement. Due to School: $150 application fee + $1,000 down payment Financed Through Denefits: $2,650 Approval is not guaranteed. Payment amounts, schedules, and fees are set by Denefits. Third-party financing does not change the school refund policy.

FINANCIAL OBLIGATION AND RELEASE OF RECORDS

Enrollment in the program creates a financial obligation. Students are responsible for tuition charges in accordance with the refund policy. Financial obligations are based on the portion of the program completed at the time of withdrawal, dismissal, or termination.

No certificate, transcript, proof of completion, or other completion documentation will be issued until all academic requirements are completed and all financial obligations are satisfied, or the account is in good standing under an approved payment arrangement.

Student Initials: _____

CANCELLATION AND REFUND POLICY

Right to Cancel

The student may cancel this agreement within seventy-two (72) hours / three (3) calendar days of signing by submitting written notice to the school. In that case, all tuition and fees paid to the school will be refunded, including the $150.00 application fee. This right to cancel applies whether or not instruction has begun.

After Instruction Begins

- Refunds are calculated on a pro-rata basis based on the percentage of the program completed at the time of withdrawal, up to 50% completion.
- No tuition refund is issued after more than 50% of the program has been completed.
- Refund requests must be submitted in writing. The school will use a withdrawal form to document student-initiated withdrawals.
- For administrative withdrawals, the school will document notice to the student and calculate any refund owed according to this policy.
- The withdrawal date is the date written notice is received by the school, the date of the dismissal letter, or the date of the student's third (3rd) absence, whichever applies.
- Refunds are issued by mail to the address on file within 30 days of the withdrawal date. Textbooks must be returned in acceptable condition for the book rental deposit to be refunded.
- Credit and debit card payments are processed by Stripe, a third-party payment processor. When a card payment is refunded, Stripe does not return the processing fee it charged the school on the original transaction. Because this fee is for a third-party service already rendered and cannot be recovered or canceled by the school, the actual processing fee retained by Stripe may be deducted from the refund of a card payment. Refunds do not include non-refundable third-party financing fees charged by outside vendors, including Denefits, when those fees cannot be recovered by the school.

School-Initiated Cancellation or Program Changes

If the school cancels a program or course, or makes a substantive change to its schedule, location, or format such that an enrolled student who has begun the program is unable to continue, the school will either (a) make timely arrangements to accommodate the affected student, or (b) refund all money paid by the student for the program if equitable alternative arrangements are not possible.

Student Initials: _____

THIRD-PARTY FINANCING DISCLOSURE

- A Denefits financing agreement is separate from this Enrollment Agreement.
- Any refund issued by the school does not automatically cancel or modify the financing agreement.
- The student remains responsible for payments required under the financing agreement unless Denefits confirms otherwise in writing.
- The school does not control, negotiate, or modify Denefits payment terms, interest, fees, or approval decisions.

Student Initials: _____

EXTERNSHIP / FIELD EXPERIENCE

The program requires 36 hours of externship in a licensed dental office. The school provides externship placement assistance. Students are expected to follow the host office schedule, dress code, safety rules, and professional standards. Externship hours are typically completed Monday-Friday during the final weeks of the program, depending on office availability.

Student Initials: _____

CAREER SERVICES DISCLOSURE

Modern Dental Training of Cumming does not guarantee employment, job placement, wage level, or salary upon graduation. Career assistance may include resume preparation, interview coaching, externship placement assistance, and job search resources such as DentalPost.net and other platforms.

Student Initials: _____

COMPLAINT AND GRIEVANCE PROCEDURE

Students should first bring concerns regarding their training to the instructor or Program Director. If the concern remains unresolved after completing the institution's complaint process, the student may file a complaint with the Georgia Nonpublic Postsecondary Education Commission (GNPEC).

GNPEC Complaint Form: https://gnpec.georgia.gov/student-resources/complaints-against-institution/gnpec-complaint-form

Mail: 2082 East Exchange Place, Suite 220, Tucker, GA 30084 | Phone: 770-414-3300

Student Initials: _____

CATALOG, DISCLOSURE, AND ACKNOWLEDGMENT

- I acknowledge that I received or had access to the school catalog before enrollment.
- I acknowledge that the GNPEC Student Disclosure Form is attached to this Enrollment Agreement packet and must be completed and signed at enrollment.
- I understand that this Enrollment Agreement is not subject to oral modification.
- I understand that the school is authorized by GNPEC but is not accredited by GNPEC. GNPEC authorization is not the same as accreditation.

ACKNOWLEDGMENT AND SIGNATURES

By signing below, I confirm that I have received, read, and understood the terms of this Enrollment Agreement, including the tuition schedule, payment option selected, refund policy, attendance requirements, career services disclosure, and complaint procedure.

Student Signature: _____ Date: _____

Printed Student Name: _____

School Representative Signature: _____ Date: _____

Printed School Representative Name / Title: Sabine Azizullah, Owner / Program Director

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GNPEC Student Disclosure Form

Name of School: Modern Dental Training of Cumming

Address of School: 2950 Buford Hwy, Suite 190, Cumming, GA 30041

1. Enrollment Agreement & Catalog

I have read and received a copy of the enrollment agreement, or equivalent document, and the school catalog. I understand that the terms and conditions of these documents are not subject to amendment or modification by oral agreements.

_____ Student's Initials

2. School Outcomes

I have read and received a copy of the school's self-reported, unaudited retention, graduation, and placement rates for the preceding year as well as the most recent Georgia licensure test results, if applicable, for the program I am entering.

_____ Student's Initials

3. Employment

I understand that upon successful completion of my training program, this school will provide placement assistance. However, I understand that the school does not guarantee any graduate a job. I have not been guaranteed employment to earn a specific salary range upon graduation.

_____ Student's Initials

4. Refund Policy

I have reviewed the refund policy provided in the catalog and am aware that the institution attests to the fact that this policy meets the Minimum Standards set forth by the Georgia Nonpublic Postsecondary Education Commission.

_____ Student's Initials

5. Complaint Procedure

I have reviewed the complaint procedure provided in the catalog and am aware that, after exhausting the institution's procedure, I have the right to appeal the institution's complaint determination to the Georgia Nonpublic Postsecondary Education Commission.

_____ Student's Initials

6. Authorization and Accreditation Status

I understand that the institution in which I am enrolling has been issued a Certificate of Authorization by the Georgia Nonpublic Postsecondary Education Commission. This status indicates that the institution has met the Minimum Standards established by Georgia Code (§20-3-250.6). Although authorized, I understand that this institution is not accredited by a U.S.-based accrediting association recognized by the United States Secretary of Education; therefore, I am not eligible for Federal Student Aid. Additionally, as is the case with all postsecondary institutions, both accredited and unaccredited, there is no guarantee that my credits will transfer to another institution.

_____ Student's Initials

Student's Signature: _____ Date: _____

School Representative's Signature: _____ Date: _____

*Student must receive a copy of this form, and a copy must be kept in the student's file.

October 2017