



Your first step to a NEW career!

“Pay as You Learn” Disclosure Statement

Date of agreement: _____
Name: _____ SS#: _____
Address: _____ DOB: _____
Daytime phone: _____ Email: _____

It is agreed that _____ has registered for DA I class at the Wake Forest/Greenville campus and tuition in the amount of \$_____ is now due. NC Dental U has agreed to accept payments according to Exhibit A of this document. An explanation of the fee and the method of payment are as follows:

Exhibit A

- | | |
|---|---------|
| 1. Total amount of tuition: | \$ |
| 2. Total amount financed: (balance after the deposit) | \$ |
| 3. Finance charge- (\$0 if paid by class start date, or 5% of balance thereafter). | \$ |
| 4. Non refundable enrollment fee (included in down payment) | (\$200) |
| 5. Balance of total remaining payments plus finance charge
(do not add enrollment fee) | \$ |

The initial payment was \$500 or \$900 and was paid upon execution of this agreement. This initial payment includes the one-time, non-refundable enrollment Fee of \$200. Subsequent bi-weekly payments of \$_____ (take balance after deposit, add any applicable finance charges, and divide that number by the number of weeks from today until graduation date) are due beginning the first Monday of class and within every 2 weeks after that until paid off. Larger payments may be accepted at each payment due date. The total tuition must be paid in full by your enrolled class final date. If full tuition is not received by this date, enrollment shall be cancelled and a refund nor any earned certificates will be issued. A graduation certificate will not be issued until the balance and the class hours have been fulfilled. Re-enrollment in the next class date may be applicable at which time a \$200 Re-Enrollment fee will apply.

1. Student may pay their account in full at anytime with cash, check or credit card. At such time, this agreement will be satisfied.
2. This is a one time agreement for only the program and student listed above.
3. NC Dental U reserves the right to cancel registration if any account becomes delinquent more than 3 days.

I have read, understand, and have had all my questions answered regarding the financial information contained above.

Signature _____ Date: _____

Initial Deposit MUST BE INCLUDED WITH REGISTRATION

MASTERCARD VISA AMEX DISC **OR** a check made payable to: **NC Dental U**

Check # _____ Amount \$ _____

Card # _____ Expiration _____

Amount to charge every week/bi-weekly\$ _____ 3 digit security code _____

Billing Address: _____ Zip _____

Signature of card owner _____

Print name of card owner _____