



611 S Hamilton Rd, Whitehall, OH 43213
Tel: 614-394-5009 Fax: 614-575-2203

Enrollment Agreement (90 Hours Phlebotomy)

Name: _____ Date: MM/DD/YYYY

Address: _____ City: _____

State: _____ ZIP: _____ Phone #: _____ SSN: _____

I am hereby enrolling in the following program and my enrollment is subject to the terms and conditions stated in this enrollment agreement.

Program: **Phlebotomy**

Duration: **90 Hours (Six calendar weeks)**

Tuition and Fees

Registration fee	\$ 100
Instructional fee	\$ 525
Laboratory fee	\$ 50
Externship	\$ 50
Total Cost	\$ 725
Book fee (optional)	\$ 22
Uniform (optional)	\$ 20
TB Test (optional)	\$ 20
CPR/F (optional)	\$ 55

Payment Terms

All Tuition and fees are payable for one quarter semester or school term only. Payment is due prior to the start of classes each term.

Changes in tuition and fees are discretionary to the school administration and students will be notified of any subsequent changes.

Cancellation and Settlement Policy

This enrollment agreement may be cancelled within five (5) days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund, in full, all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty (30) days after cancellation. **This provision shall not apply if the student has already started academic classes. In addition, if the student is not accepted into the program, all money paid by the student will be refunded.**

Refund for books, supplies and consumables fees shall be made in accordance with Ohio Administrative Code section 332-1-10.1. There is one (1) academic term for this program (90 hours) in duration.

Student Signature

MM/DD/YYYY
Date