ALBERTA STUDENT ENROLLMENT CONTRACT
PRIVATE VOCATIONAL TRAINING PROGRAM

KDM Dental College International Inc.

☐ #520, 940 - 6 Avenue SW, Calgary, AB T2P 3T1 Phone: (403) 264-2744

☐ 2101 Bell Tower, 10104-103 Avenue, Edmonton, AB T5J 0H8 Phone: (780)-423-6863

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This contract is to be used only for programs licensed under the Alberta *Private Vocational Training Act.* These programs appear on the Private Vocational Training Licence posted in the institution.

Please ensure <u>all 9 areas (*) are filled out</u> on this page and <u>signature and date on back</u> in order to process your registration.

* Name of Applicant	*Telephone	*E-Mail Address

*Address of Applicant

Dental Assisting	**Full-Time**
Program Name	Mode of Delivery (full-time, part-time, on-line, correspondence)

28 Weeks including 4 week practicum

Length hrs/weeks	* Program Start Date	* Program End Date
$11,972.00	**Books $340.00 + Supplies $5,676.00**	**$17,988.00**
Tuition fee	Other Fees	Total Cost to Student

(*including $300.00 registration fee*. *This fee will not exceed $500.00)*

It is important that you understand the following prior to signing this contract:

a) The content of the program. An outline of the program is attached.
b) The method of payment of the tuition fees and other fees for this program.
c) Your repayment responsibilities, if any loans are made to you to take this program.
d) Employment is not guaranteed upon successful completion of this program. You should ask potential employers whether they would hire graduates of this program.
e) The number of former students who found training-related employment. The institution is to provide this information.
f) The regulations concerning the retention and repayment of fees. An excerpt of the Private Vocational Training Regulation with related sections is attached.
g) The institution's policies that apply to students taking this program. The institution is to provide you with a written description.
h) The institution must obtain written approval from the Director of Private Vocational Training before you can take this program if you are under 16 years of age.
i) The signing of this contract represents your permission for the institution to give the Director of Private Vocational Training your name and phone number and your employer's name and phone number for the purposes of reporting the number of graduates and the number of graduates that obtained employment on a regular basis.

A copy of this contract, signed by both parties, must be provided to you within 7 days of signing. If either you or the institution chooses to terminate this contract, written notice must be provided to the other party and verification of delivery obtained. A student contract is considered terminated on the date the delivery is confirmed.

***** I have read and understand the contents of this application and contract of tuition**.** _____ **(student's initials) ***

All tuition and supply fees must be paid in full prior to taking final examinations.

*****_____ *****_____

(Signature of Student) **(Date)**

The institution offering the licensed program agrees to deliver the above referenced program in accordance with the *Private Vocational Training Act* and Regulation.

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(Signature of the representative who has authority to sign this contract on behalf of the institution) (Date)