



DATS of Maryland is approved to operate by Maryland Higher Education Commission (MHEC)

DATS of Virginia is certified to operate by State Council of Higher Education for Virginia (SCHEV)

### DENTAL RADIOLOGY ENROLLMENT APPLICATION

I hereby apply for enrollment in DATS, Inc., hereinafter referred to as "School". A representative has provided me with a catalog and explained the program and terms of the Enrollment Application. **Return by Fax to 855-328-7123**

#### SCHOOL LOCATION

<input type="checkbox"/> DATS of Maryland at Annapolis	<input type="checkbox"/> 2623 Housley Rd Annapolis, MD 21401
<input type="checkbox"/> DATS of Maryland at Columbia	<input type="checkbox"/> 10630 Little Patuxent Parkway, Suite 410 Columbia, MD 21044
<input type="checkbox"/> DATS of Maryland at Germantown	<input type="checkbox"/> 19512-A Amaranth Dr. Germantown, MD 20874
<input type="checkbox"/> DATS of Maryland at Westminster	<input type="checkbox"/> 412 Malcolm Dr Westminster, MD 21157

Session:	<input type="checkbox"/> Winter (January)	<input type="checkbox"/> Spring (May)	<input type="checkbox"/> Fall (September)
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#### APPLICANT INFORMATION

Last Name:	First Name:	MI
Date of birth:	SSN:	Email
Street address:		
City:	State:	ZIP Code:
Cell Phone:	Home Phone:	Work Phone:

#### EMPLOYMENT INFORMATION

Current employer:	Position:	How long?
Employer address:		Phone:
City:	State:	ZIP Code:

#### EMERGENCY CONTACT

Name of a relative not residing with you:	Relationship:	
Address:		Phone:
City:	State:	ZIP Code:

#### EDUCATION

Name of School Last Attended:	Date Last Attended:
Highest Level Achieved: <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors+	

#### MARKETING

How did you hear about us:		
<input type="checkbox"/> I am a previous DATS student	<input type="checkbox"/> Internet	<input type="checkbox"/> Google Ad
<input type="checkbox"/> Facebook	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Flyer
<input type="checkbox"/> Other	<input type="checkbox"/> Employer _____	<input type="checkbox"/> Friend _____

#### CLASS AND TUITION INFORMATION

Program: <b>Dental Radiology</b>	Clock Hours: <b>24</b>	Weeks: <b>3</b>	Tuition: <b>\$550 (Book not included)</b>
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#### PAYMENT

Payment Enclosed:	Type:
<input type="checkbox"/> Deposit \$300 <input type="checkbox"/> Full Tuition \$550 <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Money Order

*Any remaining balance is due 5 days prior to the class start date unless written payment arrangements are made in advance.*

**STUDENT'S RIGHT TO WITHDRAW AND RECEIVE A REFUND**

The enrollment agreement is a legally binding instrument upon the school's written acceptance of the student's application for admission.

If the school closes, or cancels or changes a program of study or location in such a way that the student who has started is unable to complete training, arrangements will be made in a timely manner to accommodate the needs of each student enrolled in the program who is affected by the cancellation or change. If the school is unable to make alternative arrangements that are satisfactory to the student, the school will refund all money paid by the student for the program.

If the school closes, or cancels or changes a program in a way that is not satisfactory to the student, the school will refund all money paid by the student including the \$100 registration fee.

Students may cancel the enrollment agreement by written notice at any time within seven (7) calendar days after signing the contract for a full refund of all monies paid. If withdrawal occurs seven (7) calendar days after signing the original contract and prior to the first class, all monies will be refunded except the registration fee of \$100.00.

Tuition for students who elect to withdraw or are terminated from the program after class has started will be refunded or pro-rated according to the following calculations after the cancellation period expires.

% of course taught	Tuition Refunded (if paid)	Tuition Liability
Less than 10%	90%	10%
10%-19%	80%	20%
20%-29%	60%	40%
30%-39%	40%	60%
40%-50%	20%	80%
More than 50%	No Refund	100%

A refund due a student shall be based on the date of withdrawal or termination, which is the last date of attendance by the student, and will be paid within 60 days from the date of withdrawal or termination.

**OTHER TERMS AND CONDITIONS**

A student may be terminated for creating a safety hazard to other students, disobedient or disrespectful behavior to faculty or other students, unsatisfactory academic progress, poor attendance, unprofessional conduct, excessive absence or lateness, failure to pay fees when due, cheating, falsifying records, breach of enrollment agreement, entering school site while under the influence or effects of alcohol, drugs, or narcotics, of any kind, carrying a concealed or potentially dangerous weapon, or sexual harassment of any kind. Terms of the refund policy will apply.

**Students are responsible for purchasing their own text book.** Sessions are either held two weekday evenings for four hours each from 6-10pm or Saturday for eight hours from 8am-4pm, for a total of 8 hours per week.

Students will receive a diploma and a copy of the "Official Transcript" upon satisfactory completion of all program requirements. Students must (a) receive a grade of 75% (b) achieve a "Pass" on all Lab work, (c) attend all classroom hours of the program, (d) have no outstanding balances owed to the school. Our program does not grant leaves of absence. Student records, including grades and attendance, are available upon written request.

The Dental Radiology program prepares students to apply to the Dental Assisting National Board to take the Radiation Health and Safety (RHS) Exam.

**READ, SIGN AND DATE**

Notice to Buyer: Do not sign this Enrollment Agreement before you read it or if it contains any blank spaces. You are entitled to an exact copy of this signed Enrollment Agreement. Keep all documents regarding enrollment and financial obligations to protect your legal rights.

*I have read the terms and conditions contained in this Enrollment Agreement and the current catalog, which I have received and read, and understand that, with my signature, this agreement constitutes a binding contract after written acceptance by the School. Contract changes may be made only by written consent of both parties*

As a requirement of my enrollment I am providing proof that I am currently employed in a dental practice. I am also submitting a copy of my High School Diploma or GED; however, if I am unable to provide proof of this document my signature below certifies that I have completed the educational requirement for admittance. Photocopy of ID card or U.S. Driver's License issued by Federal, State or Local agency or entity is required with this enrollment agreement. ID must contain information such as name, date of birth, gender and address.

**STUDENT SIGNATURE:****Date:****FOR SCHOOL USE ONLY**Session:  Winter  Spring  Fall

Class Start Date:

Class End Date:

Accepted By (School Official Name):

Signature:

Date:

**VOLUNTARY STUDENT ENROLLMENT INFORMATION**

To be completed on a voluntary basis by student. Not for interview or admission purposes. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations that may apply, we invite you to complete this student data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse enrollment decision or action. Your cooperation is appreciated.

We consider all students for enrollment without regard to race. Color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing admissions policies and do not discriminate on the basis of any unlawful criteria. This information will be used and kept confidential in accordance with applicable laws and regulations.

Gender:  Male  FemaleAge Range:  18-24 (Traditional Student)  25+ (Non-Traditional Student)Ethnic Group:  Non-Resident Alien Black/African American American Indian/Alaskan Native Asian Hispanic of any race White Native Hawaiian/Pacific Islander 2 or more races Race/Ethnicity Unknown