



# New Horizons Medical Institute

## ENROLLMENT AGREEMENT

www.newhorizonsmedical.com

Starting Date: \_\_\_\_\_ **Estimated** Graduation Date: \_\_\_\_\_ [ ] Daytime, [ ] Evenings or [ ] Weekend; [ ] Full time or [ ] Part Time

Classroom meeting days and times: Days: M T W R F Sa Su and times from: \_\_\_\_\_ to \_\_\_\_\_

**Circle class days**

I understand that upon acceptance by New Horizons Medical Institute Inc., (NHMI) this document constitutes a legal and binding contract. I am applying for admission in the \_\_\_\_\_ program and will receive a certificate of completion in that program upon graduation.

Total Hours: \_\_\_\_\_ Number of weeks required for program classroom completion: \_\_\_\_\_. Externship hours: \_\_\_\_\_

I understand NHMI offers residential programs only.

Mr./Miss/Mrs. \_\_\_\_\_  
First Middle Last **Cell Phone Area Code/Number**

Address: \_\_\_\_\_  
Number and Street City State Zip

**E-mail Address:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_

High School attended: \_\_\_\_\_  
City Last Grade Completed Year Graduated

Name of Parent, Guardian, or Spouse: \_\_\_\_\_  
Name Address Telephone Number

Nearest Relative NOT Living with you: \_\_\_\_\_  
Name Relationship Telephone Number

To whom should reports, bills, etc, be sent? \_\_\_\_\_

|   |           |                        |                                  |
|---|-----------|------------------------|----------------------------------|
| REGISTRATION FEE                        | \$ _____  | Paid ( )               | Transferring Course: _____       |
| Tuition .....                           | +\$ _____ |                        | Transferred Hours: _____         |
| Books, Kits & Lab Fees.....             | +\$ _____ |                        | Transferred Dollar Credit: _____ |
| <b>TOTAL COST</b> (School Charges)..... | =\$ _____ | <b>Initials:</b> _____ |                                  |

**I will be paying the total amount due by [ ] Self Pay or [ ] VA or [ ] WIA or [ ] Financial Aid**

**I understand I am responsible for all amounts due, EVEN IF I have selected WIA, VA, or Fin Aid. \_\_\_\_\_ (Initials)**

I have read and accept the "Enrollment Terms" of this agreements as they appear on both pages of this agreement hereof (and accept and acknowledge that said conditions on the second page are an integral part of this agreement) and hereby acknowledge that the above indicated payments have been made or will be made as of this date to the School Business Office. I understand that I have received a copy of this agreement and a copy of the current school catalog. I understand that NEW HORIZONS MEDICAL INSTITUTE offers job placement assistance, but does **not** guarantee a job or a starting salary upon graduation.

**Applicant's Signature** \_\_\_\_\_ Date of Enrollment (Registration) \_\_\_\_\_

Parent's, Guardian's, or Spouse's Signature \_\_\_\_\_

Date of Acceptance \_\_\_\_\_ Accepted by \_\_\_\_\_  
Director

### NOTICE OF CANCELLATION

YOU MAY CANCEL THIS ENROLLMENT AGREEMENT OR CONTRACT, WITHOUT ANY PENALTY OR OBLIGATION, WITHIN 72 HOURS (UNTIL MIDNIGHT OF THE THIRD DAY EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS) AFTER THE ENROLLMENT CONTRACT IS SIGNED. TO CANCEL THIS TRANSACTION, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS CANCELLATION NOTICE, OR ANY OTHER WRITTEN NOTICE TO NEW HORIZONS MEDICAL INSTITUTE, 5675 JIMMY CARTER, BLVD, SUITE J NORCROSS, GA 30071.

**Date:** \_\_\_\_\_ **Student's Signature:** \_\_\_\_\_

### READ THE SECOND PAGE BEFORE SIGNING

Approved and regulated by the Nonpublic Postsecondary Education Commission State of Georgia  
2082 East Exchange Place, Suite 220, Tucker, GA 30084-5305 (770) 414-3300 fax (770) 414 3309  
www.gnpec.org

**CANCELLATION POLICY:** A full refund of all monies paid will be made to any student who cancels the enrollment contract with 72 hours (until midnight of the third day excluding Saturdays, Sundays, and Legal Holidays) after the enrollment contract is signed and a tour of the facilities and equipment is made by the prospective student; the enrollment of the student was procured as a result of any misrepresentation in advertising, promotional materials of the School, or misrepresentation by the owner or representatives of the School. Cancellation must be written in accordance with the terms of the enrollment agreement.

**REFUND POLICY FOR NEW HORIZONS MEDICAL INSTITUTE** The refund computations will be based on the following refund policy guidelines. The determination of refunds will be calculated based on the most advantageous refund to the student. The refund computations will be based on scheduled clock hours of class attendance through the last date of attendance:

1. During the first week of the financial obligation and until the end of the first 5% of the period of obligation, the institution shall refund 95% percent of the remaining tuition;
2. After the first 5% of the financial obligation and until the end of the first 10% of the period of obligation, the institution shall refund at least 90% of the tuition;
3. After the first 10% of the financial obligation and until the end of the first 25% of the period of obligation, the institution shall refund at least 75% of the tuition;
4. After the first 25% of the period of financial obligation, and until the end of the first 50% of the period of obligation, the institution shall refund at least 50% of the tuition; and
5. After the first 50% of the period of financial obligation, the institution may retain all of the tuition.

Students will be held responsible for any monies owing to New Horizons Medical Institute Inc. and will be billed accordingly. The effective date of the termination for refund calculations will be the last recorded date of attendance or the date of receipt of written notice from the student- whichever is earlier. The effective date of termination will be:

- The day following 8 consecutive days of absence; (Initials)
- The date the student notifies the school of withdrawal;
- The last day of attendance if the student is terminated from the School for any other purpose.

If tuition is collected in advance of entrance and if, after expiration of the 72 hours cancellation privilege, the student does not begin class, not more than \$100 shall be retained by the School.

The student will be issued instructional supplies, books or materials at the time these materials are required by the program. However, if a student does not qualify for any tuition assistance, enrolls in individual courses and/or withdraws from the institution before payment has been made books will be billed. A refund of tuition and fees is due and refundable in each of the following cases:

- An applicant is not accepted for enrollment
- If the student's enrollment was procured as a result of any misrepresentation in advertising, promotional materials of the school or misrepresentation by the owner or representative of the School;
- If a course is discontinued.

Refunds will be totally consummated within 45 days after the effective date of termination on students who withdraw or who are terminated by the School. Upon request by a student or any state or federal department, the institution shall provide an accounting for such amounts retained within five workdays. Refund on graduates and completed students will be consummated within 45 days.

The school shall provide a full refund if educational service is discontinued by the School preventing a student from completing the program.

**ENTRANCE AND ATTENDANCE:** No students shall be permitted to begin classes or continue in attendance unless all financial obligations to the school have been met, including; tuition, fees, books, supplies and equipment. Grades, transcripts, or diplomas will not be issued unless financial obligations to the school have been met.

**GRADUATION AND PLACEMENT:** When a student has passed and completed all subjects required in the program of study indicated in this agreement, said student will be awarded a transcript provided all financial obligations to the school have been met by said student. Policies regarding withdrawal, dismissal or termination of a student are printed in the New Horizons Medical Institute Inc. catalog. Job placement assistance will be provided by this school at no additional charge provided all program requirements and financial obligations of the student to the school have been met. New Horizons Medical Institute Inc. makes no guarantee of job placement or amount of earnings.

**GRIEVANCE POLICY:** NEW HORIZONS MEDICAL INSTITUTE provides a prompt and equitable process for resolving student grievances. The procedure is available to any student who believes that the school decision or action has adversely affected his/her status, rights, or privileges as a student. Students with a grievance must first make a reasonable effort to resolve the issue on an informal basis with faculty or administrative personnel. If the issue is not resolved to the student's satisfaction, the student may meet with the School CEO who shall review the grievance with all parties. The CEO's decision is considered final at the institutional level. If disputes, grievances, or complaints cannot be resolved through the appeals process, the students may contact the Nonpublic Postsecondary Education Commission (NPEC), State of Georgia, 2082 East Exchange Place, Suite 220, Tucker, GA 30084 (770) 414-3300 fax (770)414-3309 [www.gnpec.org](http://www.gnpec.org) and the Council on Occupational Education, 7840 Roswell Road, Bldg. 300, Suite 325, Atlanta, GA 30350 (770) 396-3898.

**FTC STATEMENT:** Any holder of this consumer contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amount paid by the debtor.

**ARBITRATION:** Any controversy or claim arising out of or relating to this Agreement, or branch thereof, no matter how pleaded or styled, shall be settled by arbitration in accordance with the Commercial Rules of Arbitration Association, and judgment upon the award rendered by the Arbitrator may be entered in any court having jurisdiction.

I have received a copy of the current school catalog. I have received a copy and state that I do understand this Enrollment Agreement. I understand this Enrollment Agreement must be accepted by NEW HORIZONS MEDICAL INSTITUTE and I authorize my high school(s) and/or college(s) to release my academic records and any other information necessary for my acceptance to this school. I understand that if this school accepts me, I must abide by the Rules of Conduct set out by the school, a copy of which has been provided to me.

(Signature)

(Date)

**BOTH PAGES CONSTITUTE THE ENROLLMENT AGREEMENT.**

Approved and regulated Nonpublic Postsecondary Education Commission State of Georgia  
2189 Northlake Parkway, Bldg. 10, Ste 100, Tucker, GA 30084 (770) 414-3300 fax (770) 414 3309



# New Horizons Medical Institute, Inc.

## Student Information Form

(please complete all sections)

**PLEASE PRINT CLEARLY**

Date \_\_\_\_\_ Student ID \_\_\_\_\_

Name \_\_\_\_\_  
 First Name MI Last Name Other (Maiden)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address (Must have) \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_

**PROGRAM OF STUDY**

- Certified Nurse Assistant
- Patient Care Technician
- Pharmacy Technician
- Dialysis Technician
- Phlebotomy Technician
- Medical Assistant
- Electronic Health Records Specialist
- Ultrasound Technician

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|  |

**HOW DID HEAR ABOUT US**

- Referral
- Athens Banner Herald
- Flyer
- Website
- Employment Guide
- Gwinnett Daily Post
- Job News
- Radio
- Walk in

Start Date \_\_\_\_\_ Days: M T W R F S S

I am available to attend class: AM PM Wkends

Other: \_\_\_\_\_

**Please Rate Yourself**

Excellent Good Fair Poor

|             |  |  |  |  |
|-------------|--|--|--|--|
| Attitude    |  |  |  |  |
| Honesty     |  |  |  |  |
| Initiative  |  |  |  |  |
| Creativity  |  |  |  |  |
| Enthusiasm  |  |  |  |  |
| Cooperation |  |  |  |  |
| Punctuality |  |  |  |  |
| Attendance  |  |  |  |  |

**If you were referred by one of our Students (or a Graduate) ... Please list their Name here:**

\_\_\_\_\_

**Give us their contact number:**

( \_\_\_\_\_ ) \_\_\_\_\_

- A "Referral Fee" may apply

| Please Rate Yourself | Excellent | Good | Fair | Poor |
|----------------------|-----------|------|------|------|
| Dependability        |           |      |      |      |
| Technical Skills     |           |      |      |      |
| Communication Skills |           |      |      |      |
| Working Relations    |           |      |      |      |
| Work Ethics          |           |      |      |      |

**EDUCATIONAL DATA**

|                                      | Yes | No | If yes list date |
|--------------------------------------|-----|----|------------------|
| Have you graduated from high school? |     |    |                  |
| If no, do you have your GED?         |     |    |                  |
| Highest grade completed: _____       |     |    |                  |
| Year graduated: _____                |     |    |                  |
| Name & address of your high school:  |     |    |                  |

| High School Name   | City | State   |     |     |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |
|--|------|---|-----|-----|--|--|-----------------------------------|--|---------------------------------------|--|--|--|--------------------------------------|--|--|--|--|--|--|--|
|  |      | <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2">Is English your primary language?</td> </tr> <tr> <td colspan="2">    If no, what is your primary language?</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2">Have you ever taken English classes?</td> </tr> <tr> <td colspan="2">Have you attended any other technical courses?</td> </tr> <tr> <td colspan="2">Do you have transfer credits to apply toward this program?</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table> | Yes | No  |  |  | Is English your primary language? |  | If no, what is your primary language? |  |  |  | Have you ever taken English classes? |  | Have you attended any other technical courses? |  | Do you have transfer credits to apply toward this program? |  |  |  |
| Yes  | No   |   |     |     |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |
|  |      |   |     |     |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |
| Is English your primary language?                          |      |   |     |     |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |
| If no, what is your primary language?                      |      |   |     |     |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |
|  |      |   |     |     |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |
| Have you ever taken English classes?                       |      |   |     |     |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |
| Have you attended any other technical courses?             |      |   |     |     |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |
| Do you have transfer credits to apply toward this program? |      |   |     |     |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |
|  |      |   |     |     |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |
| Do you hold any State Health Licenses?                     |      | <table border="1"> <tr> <td>No</td> <td>Yes</td> </tr> </table>   | No  | Yes |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |
| No   | Yes  |   |     |     |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |
| If yes, what licenses and ID numbers?                      |      |   |     |     |  |  |                                   |  |                                       |  |  |  |                                      |  |  |  |  |  |  |  |

**DEMOGRAPHICS**

Enrollment Status: Full Time  Part Time

Sex: Female  Male

Race: Caucasian  African American  Hispanic   
Asian  American Indian  Other

Dependency Status: Dependent  Independent

Head of Household: Yes  No  Number of Dependents:  (you count as 1)

Marital Status: Single  Married  Separated   
Divorced  Widowed

Housing: Off Campus  With Parents  Incarcerated   
How many miles do you live from this campus?   
Demo Area: Urban  Suburban  Rural

Annual Income: \$

Citizenship: US Citizen  Eligible Non Citizen  Non Citizen

Have you ever been convicted of a crime (other than motor vehicle)? Yes \_\_\_ No \_\_\_

## References

Provide verifiable references that do not live with you or at the same address as another references

(please make sure both references have complete contact information)

Name - First, Last

Telephone Number:

Address:

City, state, zip:

Occupation:

Number of Years Acquainted:

Name - First, Last:

Telephone Number:

Address:

City, state, zip:

Occupation:

Number of Years Acquainted:

### Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for acceptance.

I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or terms for my immediate expulsion from the program.

**Initials**

I permit the NHMI to examine my references, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release NHMI, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

**Initials**

I also understand that I am to abide by all policies and procedures of NHMI. I understand that the information supplied by me, regarding my: Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Residence History, and References, will be utilized as part of the processing procedures. A background and credit check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living.

I will hold no person liable for giving or receiving information in this investigation. I release from liability all persons, companies, and corporations supplying that information. I release and indemnify New Horizons Medical Institute, Inc., against any liability that might result from making such background checks. A copy of this form is as valid as the original.

**Initials**

### EMERGENCY CONTACT INFORMATION

1. Name

Phone #

2. Name

Phone #

By signing below, I certify that I have received a current copy of NHMI's Policy & Procedures

**New Horizons**



**Medical Institute**

**New Horizons Medical Institute, Inc.**

**STUDENT AND EMPLOYEE MEDIA RELEASE AGREEMENT**

I HEREBY GRANT PERMISSION TO NEW HORIZONS MEDICAL INSTITUTE TO USE MY TESTIMONIAL REGARDING THE SCHOOL FOR ANY TYPE OF USAGE, EITHER PRINT OR NON-PRINT.

I FURTHER GRANT MY PERMISSION TO NEW HORIZONS MEDICAL INSTITUTE TO USE MY PICTURE OR EDITED PARTS OF MY PICTURE ON ANY TYPE OF MEDIA FOR MASS PRODUCTION INCLUDING, BUT NOT LIMITED TO:

- SCHOOL WEBSITE
- SCHOOL COLLATERAL, I.E., BROCHURES, PAMPHLETS, PHONEBOOK, ECT.
- ANY ELECTRONIC PROMOTIONAL MATERIALS
- ANY PRINTED PROMOTIONAL MATERIALS
- ANY WRITTEN OR ORAL COMMUNICATION

|   |                            |
|---|----------------------------|
| _____<br><b>SIGNATURE OF STUDENT</b>    | _____<br><b>DATE</b>       |
| _____<br><b>PRINTED NAME OF STUDENT</b> | _____<br><b>STUDENT ID</b> |

**New Horizons**



**Medical Institute**

**New Horizons Medical Institute**

**STUDENT RECEIPT OF SCHOOL CATALOG**

**I, \_\_\_\_\_ HAVE RECEIVED  
A COPY OF THE New Horizons Medical Institute  
SCHOOL CATALOG.**

|                                   |                            |
|-----------------------------------|----------------------------|
| _____<br><b>STUDENT SIGNATURE</b> | _____<br><b>DATE</b>       |
| _____<br><b>PRINTED NAME</b>      | _____<br><b>Student ID</b> |

## **New Horizons Medical Institute Student Code of Conduct/Attendance**

You are part of a professional training program. The New Horizons Medical Institute has high standards for your behavior and performance.

1. You will come to class prepared and ready for class
2. You will follow the instructors' directions at all times
3. You will maintain class focus by participating and cooperating. Interruptions, unnecessary talking, or not participating are not permitted.
4. You will communicate with staff, students, and the public in a respectful and professional manner.
5. You will act ethically and legally - Alcohol and illegal drug use is prohibited
6. You will resolve all disputes by:
  - a. Working with your instructor
  - b. Submitting class evaluation form after the end of each grading period.
7. You will assist in organizing and maintaining your classroom space and equipment. If you do not meet these standards you may:
  - a. Not receive credit for class
  - b. Be suspended after an administrative review
  - c. Be withdrawn from the program.

### **Attendance and Make-up Classes**

I understand the attendance for the entire \_\_\_\_hours of my program is required in order to graduate. For every hour that I am absent I must make-up what I have missed hour for hour. I further understand that I will be withdrawn from my program if I miss 10 consecutive days or accumulate more than 15% of absences from the program, even if I make up these hours.

### **Internship**

I understand that I must complete all academic requirements, including make-up hours, before I will be permitted to participate in internship.

I understand and agree to follow these standards.

|            |            |
|------------|------------|
| _____      | _____      |
| Print Name | Signature  |
| _____      | _____      |
| Date       | Student ID |



# Background Check

Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

Current Street Address:

\_\_\_\_\_  
City/State/Zip Code:

Social Security Number:

Date of Birth

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, DRUG OFFENSE, VIOLENCE REPORTS, CREDIT BUREAU REPORTS, AND/OR MOTOR VEHICLE REPORTS, I ACKNOWLEDGE I MAY BE SUBJECT TO A "CONSUMER REPORT" and/or AN "INVESTIGATIVE CONSUMER REPORT"**

(which may include information about my character, general reputation, personal characteristics and/or mode of living, and which can involve personal interviews with sources such as neighbors, friends and associates.) For and in consideration of my being considered for Employment or Advancement, I hereby authorize the Company designated below to make inquiries to MAF Background Screening ("MAFBS"), a consumer reporting agency, concerning my Employment suitability and qualification; including: (i) any public record of any incidents of crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, or other employment related acts of violence or drug related offenses or drug test results reported to MAFBS by any employer where such acts occurred; or (iii) any credit bureau reports; any driving record history. I further authorize any governmental agency where such information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and MAFBS to disseminate such report(s) to Company. During any period(s) while I may be engaged by Company, I hereby authorize Company to make further like inquiries to MAFBS as Company may from time to time, deem necessary for Employment purposes. I also hereby authorize MAFBS, any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Company's inquiry(ies). I waive any further notice with respect to Company's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MAFBS's dissemination of any such report(s). I hereby generally release and fully discharge MAFBS every such government's agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my Employment or retention may be determined, in whole or in part, based on the report(s) so issued to Company by MAFBS. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Company by writing or calling MAFBS at the address or telephone numbers listed below.

Company's Certification: Company hereby certifies to MAF Background Screening that it is requesting a consumer report(s) on the applicant named above and that Company will use that report(s) for PERMISSABLE purposes.

MAF BACKGROUND SCREENING 800-226-4483  
134 S Tampa St, Tampa FL 33602

(X) \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Applicant

***New Horizons Medical Institute, Inc.***

**Tuition Payment Plan Agreement Form**

Student’s Name: \_\_\_\_\_  
                                First                                MI                Last

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                Program of Study: \_\_\_\_\_

Address:  
\_\_\_\_\_  
                Street                                City                St                Zip

Home Phone: \_\_\_\_\_                Cell Phone: \_\_\_\_\_

Email Address:  
\_\_\_\_\_

Total Tuition: \$ \_\_\_\_\_ Paid in Full  Make Payments

Number of Payments: \_\_\_\_\_ Weekly payment due: \$ \_\_\_\_\_

**Terms and Conditions**

- 1.** I agree to pay my tuition balance under the terms of this agreement.
- 2.** I agree to pay all my installments on time understanding that this means on or before the first day of class for the week.
- 3.** If I pay by check and it is returned for any reason, then I will pay the penalty and late fee plus a **\$35 or 10%, whichever is higher, returned check fee.**
- 4.** Any changes I want to make to my payment plan must be done on or before the due date.
- 5.** Tuition payments received are first applied against the oldest outstanding amounts.
- 6.** Any special circumstances that may affect my payment schedule must be communicated in writing and approved by NHMI management.
- 7.** The interest rate of 18% (1.5% per month) will be charged on all accounts after the date of the class final.
- 8.** Statements will be emailed a minimum of once a month.
- 9.** If I have an outstanding balance, prior to the final examination or clinicals (whichever comes first), then I will not be allowed to participate in clinical nor will I be allowed to take my final examination, until I fulfill my obligations.
- 10.** I will be charged a retake fee of \$25, if I don’t take my final examination with my class.

I agree, and have read and understood all the above terms and conditions.

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## New Horizons Medical Institute Curriculum Entrance Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Program of Study: \_\_\_\_\_

1. Days available for Class:  
Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_
  
2. Distance willing to travel for work:  
0 to 10 miles: \_\_\_\_ 10 to 20 miles: \_\_\_\_  
20 to 30 miles: \_\_\_\_ 30+ miles: \_\_\_\_
  
3. Available for work:  
Mornings: \_\_\_\_ Afternoons: \_\_\_\_ Evenings: \_\_\_\_  
Overnights: \_\_\_\_ Anytime: \_\_\_\_
  
4. Any restrictions to work schedule? No: \_\_\_\_ Yes: \_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Do you have reliable transportation? Yes: \_\_\_\_ No: \_\_\_\_
6. Do you have a current GA Driver's License? Yes: \_\_\_\_ No: \_\_\_\_
7. Do you have current automobile insurance coverage? Yes: \_\_\_\_ No: \_\_\_\_
8. Do you have any language barriers? Yes: \_\_\_\_ No: \_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
9. Do you have any Physical Limitations that could prevent you from performing your duties? Yes: \_\_\_\_ No: \_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_