

PRE-ENROLLMENT CHECKLIST

TO BE PLACED IN EACH STUDENT'S FILE ONCE THEY HAVE SIGNED AND DATED THE FORM

Date: _____

Institution: Sincere Healthcare Institute LLC

Name of Student: _____

Address: 5507 Winchester Road STE 2

City State ZIP: Memphis, TN 38115

Telephone Number: 901-572-1452 Email Address: sincerehealthcareinstitutellc@gmail.com

Name of Course or Program: Nursing Assistant Training

Please check mark each section when completed.

_____ Toured the institution (not applicable to online institutions).

_____ Received an institutional catalog and if provided electronically understands that the student may request a hard copy of the catalog at any time.

_____ Was given the time and opportunity to review the institutional policies in the catalog.

_____ Knows the length of the program for full-time and part-time students in academic terms and actual calendar time.

_____ Has been informed of the total tuition and other fees of the program (\$1399)

_____ Has been informed of the estimated cost of books and any required equipment purchases such as a computer, specialized tools, art supplies.

_____ Has been given a copy of the institutional refund policy.

_____ Has executed a Transfer of Credits Disclosure statement in compliance with Tenn. Code Ann. § 49-7-144 and understands the specific limitations should the institution have articulation agreements.

_____ Understands any person claiming damage or loss as a result of any act or practice by this institution that is a violation of the Title 49, Chapter 7, Part 20 or Rule Chapter 1540-01-02 may file a complaint with the Tennessee Higher Education Commission, Division of Postsecondary State Authorization

(DPSA). DPSA's address is 312 Rosa L Parks Avenue, 9th floor Nashville, TN 37243 and its telephone number is (615) 741-5293.

_____ Understands that withdrawal, completion, and placement information is not currently available because the program has had zero students enrolled in the previous fiscal year. This information will be provided by THEC approximately one year after the program has students enrolled.

Signature of Director

Date

Signature of Student

Date