

Complete Dental Care Educational Center, PLLC

Pre Enrollment Checklist

Date: _____

Name of Institution: Complete Dental Care Educational Center, PLLC

Address: 2064 South Highland Ave

City, state, zip: Jackson, Tn. 38301

Telephone number: 731 -736-4700

Student name: _____

Please place a checkmark when each section is completed.

___ toured the institution

___ received an institutional catalog, Catalog also available online; students may request a hard copy of the catalog at anytime.

___ given the time and opportunity to review the institutional policies in the catalog

___ knows the length of the program for full time students (no part time classes available at this time) in actual calendar time and in academic terms

___ has been informed of the tuition and other fees of the program

___ has been informed of the estimated cost of books and any other materials and costs not included with the tuition fee, such as application fees, background check fees and additional scrub purchase fees

___ has been given a copy of the institutional refund policy

___ has executed a Transfer of Credits disclosure statement in compliance with Tenn. Code Ann. §49-7-14 and understands the specific limitations should the institution have articulation agreements

___ Has been given the address and telephone number of Commission staff and 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 Post Secondary State Authorization (DPSA). DPSA's address is 404 James Robertson Parkway, Parkway Towers Suite 1900, Nashville, TN 37243 and its telephone number is (615) 741-5293

____ acknowledges that this is a new program, and that withdrawal, completion and placement data as calculated by the Commission are not available at this time. This information will be provided by The Tennessee Higher Education Commission after the institution has been operational for one year and following the institution's reauthorization

____ has received and understands the institutions cash discount policy

Signature of Director

Date

Signature of Student

Date