

Metropolitan Phlebotomy Institute
804 F. R. Huff Drive
St. Matthews, SC 29135
803-466-7874 or 803-456-4163
metroplebinstitute.com
metropolitianphleb2021@gmail.com

STUDENT CONTRACT/ ENROLLMENT AGREEMENT

STUDENT INFORMATION

Student Name _____

Address _____

City/State/Zip _____

Phone Home _____ Cell _____ Work _____

Email Address _____

Emergency Contact Name _____

Phone _____

Email Address _____

PROGRAM INFORMATION

Name of Program Phlebotomy Number of Hours 80 Number of Weeks 10

Program Start Date _____ Anticipated End Date _____

Full-Time _____ Part-Time _____ Day _____ Evening _____

Days/Evening/Weekends Class Meeting (circle) Mon Tues Wed Thurs Fri Sat Sun

Time of Day/Evening Class Begins _____

Time of Day/Evening Class Ends _____

Tuition: \$ 1,300.00

Registration Fee: \$ 200.00

MISC. EXPENSES:

Background check: \$25.00

Lab: \$200.00

Supplies: \$425.00

Note: Completion of the program does not guarantee employment

Note: The institution makes no claim or guarantee that credit earned will transfer to another institution.

I, _____ (Student) acknowledging receipt of student contract/enrollment agreement. Date _____

Director _____ Date _____

Director _____ Date _____