NURSING – FULL-TIME GENERIC OPTION (MEDICAL) RESPONSE FORM

Please complete this form and return to Attn: Paola Documet

Miami-Dade College
Medical Campus
New Student Center
950 NW 20th Street
Miami, Florida 33127

(305) 237-4477
(305) 237-4441 (FAX)

PLEASE RETURN THIS FORM NO LATER THAN THE DATE SPECIFIED ON YOUR ACCEPTANCE E-MAIL.

I am ACCEPTING entrance into the Full-Time Generic Nursing Program at the Medical Campus starting in August 2016.

I am no longer interested in the Full-Time Generic Nursing Program and DECLINE admission.

PLEASE NOTE: If you are declining your seat, you MUST reapply for future admission.

Name: ___________________________ Student Number: _______________________
Mailing Address: ________________________________
MDC e-mail: ________________________________
Telephone Number: ________________________________
Signature: ___________________________ Date ___________________________

Please attach $100 deposit receipt to this form.
Congratulations on your acceptance into one of the Medical Campus degree programs! Effective 2013, a one-time, non-refundable acceptance deposit indicated below must be paid by each student who is accepted into any of the following programs:

- Diagnostic Medical Sonography $100.00
- Nursing (ASN – all options) $100.00
- Physician Assistant $100.00
- Radiography $100.00

To pay the deposit for the program to which you have been accepted, please adhere to the following guidelines:

1. Complete the Program Acceptance Deposit Record Form (see page 2) and take it to any MDC Bursar’s Office.

2. Pay the full acceptance deposit amount by the date indicated in your acceptance letter.

3. Obtain a receipt from the Bursars’ office and take it or fax it to the New Student Center staff at the Medical Campus together with your acceptance form.

4. After registering for program discipline courses, take the unpaid registration schedule to the Bursar’s Office before the payment deadline and pay the amount due. **Your acceptance deposit will be credited towards your tuition after the 100% refund date for your first term in program discipline courses.**

   a. If you have enough financial aid to cover the full amount of your registration, the acceptance deposit **will not** be refunded to you.

   b. If you decide to delay or cancel your admission after you have paid the acceptance deposit, the acceptance deposit **will not** be refunded to you.

   c. If you withdraw from your program courses after registering, the program acceptance deposit **will not** be refunded to you.
PROGRAM ACCEPTANCE DEPOSIT TRANSACTION RECORD

An acceptance deposit is required by Degree programs to guarantee an accepted applicant’s seat in the program. The non-refundable acceptance deposit fee must be paid at the Bursar's Office at the Medical Campus and will be credited towards your tuition after the 100% refund date for your first term in program discipline courses. This fee is not refundable if the student chooses to delay or cancel enrollment in a program.

This acceptance must be paid by ____________________________

(month)   (day)   (year)

and is for the following term: (circle only one)

MAY   JUNE   AUGUST   JANUARY   ____________________________

(year)

Student Name:_______________________________   Student No.:___________________

Address:  ____________________________________________________

____________________________________________________

Phone Number: _________________________   Date: ___________________

A program acceptance deposit is being paid into the Student Bank (D19000-90-21136)

_____  Diagnostic Medical Sonography   $100
_____  Nursing (ASN – all options)   $100
_____  Physician Assistant   $100
_____  Radiography   $100

AMOUNT PAID: _____________________

DATE PAID: ____________________

Receipt#: ______________________

ACCOUNT:   STUDENT BANK

_________________________________   ________________________

(Applicant’s Signature)     (Cashier’s Signature)