

**Miami Dade College  
Physician Assistant Program  
Program Acceptance & Deposit Agreement Form**

**For Early Selection Candidates: Return this form by December 15, 2023  
Candidates selected in Spring 2024: Return by February 20, 2024**

I, \_\_\_\_\_, hereby accept admission to the Miami Dade College Physician Assistant Program at the Medical Center Campus as a member of **the Class of 2026**.

I am fully aware acceptance into the Miami Dade College Physician Assistant Program requires a one-time non-refundable **PA PROGRAM ACCEPTANCE DEPOSIT OF \$800.00**. The PA Program Acceptance Deposit secures a seat in the program. I also understand I must pay the deposit no later than the above date. The deposit will be used for student-related expenses while enrolled in the program.

The Miami Dade College Physician Assistant Program has provided me with program acceptance deposit instructions.

Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please initial)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student ID number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Receipt # & Date of Receipt

**Return to: Mrs. Jacqueline Martinez, Student Services Assistant, via email: [jhernan7@mdc.edu](mailto:jhernan7@mdc.edu)**