

**Miami Dade College
Physician Assistant Program**

Program Acceptance & Deposit Agreement Form

Candidates selected must pay within ten (10) business days of official notification

I, _____, hereby accept admission to the Miami Dade College Physician Assistant Program at the Medical Center Campus as a member of **the Class of 2029**.

I am fully aware that 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 within ten (10) business days of receiving their official notification of acceptance. 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 _____
(Please initial)

No _____

Print Name

Student ID number

Signature

Date

Receipt # & Date of Receipt

Return to: Mrs. Jacqueline Martinez, Student Services Assistant, via email: jhernan7@mdc.edu