



PROGRAM ACCEPTANCE DEPOSIT TRANSACTION RECORD

Instructions for Students

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 and take it to any MDC Bursar's/ Cashier'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 to the New Student Center office 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/Cashier'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.

Please attach \$100 deposit receipt to this form.



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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/Cashier's Office at any 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 Account

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

AMOUNT PAID: _____

DATE PAID: _____

Receipt#: _____

ACCOUNT: STUDENT ACCOUNT

(Applicant's Signature)

(Cashier's Signature)