Total AEMT Tuition		***$2849.00***
Deposit	**Due when enrolling**	**$300.00**
1st payment	**Due on Orientation Day**	**$1,600.00**
2nd payment	**Due after passing Assessment and Medical Exam**	**$949.00**

I, the undersigned student, agree to make payments on the specified dates for the stated amounts on the payment schedule. I understand the consequences that will be brought upon me if the contract is violated as written in the Program Policy Manual. I further understand that the only time to receive any refund is to withdraw/drop the program by the add/drop window of TBD. Once I am past the add/drop window date of TBD there is no longer a payment refund. As each payment is made, it is final and no refund of that payment will be given.
I agree to the above payment schedule as outlined.

_____ _____
Student/Print Sign Date

_____ _____
Executive Director Sign Date