



Course Start Date Change Request

I _____ am currently registered in the Fullerton
(Student Name)

Dental Assistant Program with class start date _____ and class
(Month/Date/Year)

start time ____ : ____ AM/PM. Today _____, I am
(Month/Date/Year)

requesting to change my class start date from _____ to
(Month/Date/Year)

_____. I am aware the start time for the new class date will be
(Month/Date/Year)

at 11:00 am for Friday class and 8:30 am for Saturday class. My new class start
time will be ____ : ____ AM/PM.

Reason for change request: _____

Student First Name

Student Last Name

Student Signature

Date

School Director Signature/Noha Meyer Date Approved

Written request for course start date change must be made no less than 30 days prior to first day of class and is subject to school director approval. If request is approved, a \$150 processing fee will be applied and no additional changes to course start date will be permitted. Once a student has made a change to the course start date, no refunds will be issued if the student decides to cancel.

If I default upon this agreement I understand I will be responsible for payment of any collection fees or attorney fees incurred by Fullerton Dental Assistant School and any remaining balance owed after all coupons and discounts have been revoked from my account and all original course charges are reinstated in my balance. (Initial) _____

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