



Norcross Institute Of Allied Health
 Email: info@norcrossinstitute.com

3070 Business Park Drive, Suite E, Norcross, GA 30071
 Phone: 770.409.1075 Fax: 770.409.1076
 Website: www.norcrossinstitute.com

Please Print All Information Requested Except Signature

**Application for Admissions
 ULTRASOUND (DMS)
 Rev. Sept 2015**

All sections of this application should be completed and submitted to the school office along with the \$50 non-refundable application fee. Application fee must be paid by cash or money order. Incomplete applications will not be accepted. Payments may be made by cash, debit, credit, check or money order.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.
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HOME ADDRESS

Home Number:	Work Number:	Cell Number:
Social Security Number	Driver License Number State of Issue _____	Date of Birth

EMAIL ADDRESS

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-resident alien seeking F-1/M1 status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Lawful Residence or Citizenship? (If not USA) _____	

Program Data

Semester: Spring (Jan-May) Summer (June-Aug) Fall (Sept-Dec)

Which Program are you interested in pursuing? Please fill in below:

◆ ASSOCIATE OF APPLIED SCIENCE DEGREE Sonography (DMS)

Educational Information

Did you graduate from high school? ___ Yes ___ No If yes, what year? _____

If no, do you have GED? ___ Yes ___ No If yes, what year? _____

If applicable, fill in highest post-secondary level completed.

Freshman Sophomore Junior Bachelor's Associate

Last College/Technical School attended?

Name: _____

Address of College/Technical School: _____

Last high school attended?

Name: _____

Address of High School: _____

Emergency Information:

Name _____ Phone _____

Relationship to you _____

I hereby certify that I have read this application and that to my knowledge all statements contained herein are correct and complete. I understand that any information found to be false will be grounds for immediate dismissal and forfeiture of all financial payments.

Applicant's Signature: _____ Date _____

Payment Method

Debit/Credit Card Money Order Cashier's/Certified Check

Enrollment Agreement and Installment Contract

AGREEMENT made this ____ day of _____, between Norcross Institute of Allied Health, hereinafter called the school, and _____.

Driver's License or other ID# _____ Date of Birth _____

Social Security Number _____ hereinafter called the student.

This is my request for enrollment in the technical healthcare program as described in NIAH'S catalog as _____, consisting of _____ months/semesters, for a total of ____ hours of classroom, and ____ week(s)/months ____ hours per week, for a total of ____ hours clinical training ____ hours classroom and ____ hours clinical / laboratory training are required for graduation from this program.

Course Schedule

The course is schedule to start _____ (1st day of semester), meeting at scheduled times published on NIAH's website or available in the school. This program is scheduled to be completed _____.

Successful graduates of the program will receive a Diploma.

Employment

Norcross Institute of Allied Health does not provide a guarantee for employment but will do everything possible and use every resource available to ensure opportunities for placement.

Tuition Fees & Policies

Fees are payable in full prior to class start date. However, arrangements can be made for partial payment prior to start date and monthly installments during the program timeframe, but **payment in full must be made prior to clinical/laboratory training.**

Application Fee	\$	50
Registration Fee	\$	100
Program Tuition	\$	24,000
ID Badge		1 st one included
Lab Coat/Uniform		Student purchase
Insurance		included
Total Fees	\$	24,150

Payments Applied \$ _____ Cash Check Other

Balance Due \$ _____

I understand the contents of this Enrollment Agreement & Installment Contract and agree that I am fully responsible for paying the above amount.

Student Signature: _____ Date: _____

STUDENT CODE OF CONDUCT AGREEMENT

Students have a responsibility for creating and maintaining an environment that supports effective instruction. In order for faculty members to provide and students to receive effective instruction in classrooms, laboratories, online courses, and other learning areas, Norcross Institute expects students to conduct themselves in an orderly and cooperative manner.

Failure by a student to follow prescribed rules of conduct will subject him or her to disciplinary sanctions by Program Director.

The classroom is an adult learning environment and should be treated as such. As adult learners, students—regardless of age—are expected to conduct themselves accordingly.

As a student in this classroom, I agree to the following:

- Coming to class on time
- Not leaving class early for any reason other than an emergency
- Doing my own work and not plagiarizing
- Upholding the Honor Code by not cheating on assignments, quizzes, and exams or attempting to do so
- Turning off all cell phones prior to entering the classroom, unless given permission from the instructor for an EMERGENCY situation.
- Taking proper action for emergency phone calls
- Notifying the instructor prior to missing assignments or exams
- Maintaining clean hygiene
- Respecting other students and their opinions
- Respecting the instructor
- Not exhibiting disruptive behavior in the classroom
- Not discussing grades during class time
- Participating in classroom discussions
- Not talking on personal cell phone during class time

- Being prepared for each class by purchasing the textbooks, reading the assignments, studying for quizzes and exams, and turning all work in on time
- Being responsible for my grades
- Not playing games on personal cell phone or classroom computers while in class
- Not downloading or uploading any computer programs or pornography on school computers
- Not downloading or uploading information on personal cell phone
- Reading, understanding and complying with all expectations indicated in the course syllabus and outline
- Complying with and following all class policies and procedures as instituted by individual class instructors

Student Signature

Date

Program Director Signature

Date

Tuition Promissory Note

Borrower Information

Name _____

Address _____

City _____, Georgia _____

Lender Information

Norcross Institute of Allied Health, 3070 Business Park Dr., Ste. E, Norcross, GA 30071

Tuition Amount \$ _____ Associate Degree / Certificate (circle one)

Down Payment \$ _____ Financed Amount \$ _____

PAYMENT TERMS: This Note is made between Norcross Institute of Allied Health and _____ (borrower). This Note is due and payable as follows, to-wit: Minimum installment \$ _____, due and payable on or before the 1st of each month. The **First** installment is due on or before (month) _____, (year) _____. If payment is received after the 5th, **\$50.00** (or 10%, whichever is greater) will be added to your **next** monthly installment.

Said student will not be allowed to attend class at NIAH unless all accounts are current.

The remaining loan balance must be paid in full **before** you are eligible for clinicals or internships with a medical facility.

This agreement must be fulfilled in its entirety by the terms of the agreement, or the remaining balance will be subject to the maximum amount of interest permitted by the Laws of the State of Georgia.

BORROWER'S PRE-PAYMENT RIGHT: Borrower reserves the right to prepay this Note in whole or in part, prior to maturity, without penalty.

FORMS OF PAYMENT ACCEPTED: Cash, Check, Bank Draft, Money Order; Debit or Credit Card will incur \$5.00 charge.

Borrower is responsible for all obligations represented by this Note.

EXECUTED this _____ day of _____ (month), _____ (year)

Borrower signature _____ Date _____

School Official Signature _____ Date _____

Requirements

Cancellation and Refund Policy

Due to limited class size, a strict refund policy is in effect at Norcross Institute of Allied Health. It is the responsibility of the student to officially withdraw, in writing, from the classes or program in order to obtain a refund or credit.

1. A student may terminate from a program by submitting **written** notification of withdrawal to NIAH. The official withdrawal date will be the date that a written notification is received. All refunds will be calculated based on the official withdrawal date and total tuition paid at time of withdrawal. **Refunds will be made within 30 days from receipt of written notification.** Administrative office.
2. **Written notification** includes letters sent by mail, fax or e-mail sent to the Administrative office. The date used for refund purposes will be the date the document is received.
3. If a student is involuntarily withdrawn for cause, such as excessive absenteeism, the date used for calculation of tuition and/or refund shall be the last day of attendance.
4. Application fees, cost of uniform, equipment and ID badge are non-refundable.
5. Students who request cancellation within 3 days after signing a student contract and prior to first day of class will be refunded 100% of all monies paid.

Numbers 5 through 9 below apply to students who have paid all tuition and fees in advance.

6. For a student requesting cancellations more than 3 business days after signing the contract or completing no more than 5% of instructional time, no less than 95% of tuition shall be refunded.
7. For a student completing more than 5% but no more than 10% of instructional time, no less than 90% of tuition shall be refunded.
8. For a student completing more than 10% but no more than 25% of instructional time, no less than 75% of tuition shall be refunded.
9. For a student completing more than 25% but no more than 50% of instructional time, no less than 50% of tuition shall be refunded.

10. For a student completing more than 50% of instructional time, the school will not give a refund.
11. Any student who is dismissed for breach of any part of the enrollment agreement or student guidelines will be refunded by the same calculations above, excluding a \$250 Administration Fee.
12. In the event that NIAH has to cancel a program or make substantive changes to a scheduled program, NIAH will make arrangements in a timely manner to accommodate the needs of each student enrolled in the program, OR will refund all money paid by the student for the program of study or course if alternative arrangements determined by NPEC to be equitable to both the institution and the student are not possible.

My signature acknowledges that I have read this document and/or have asked and received clarification on the content and understand the cancellation and refund policy as outlined above.

Student Signature

Date