

3601 W. Sahara Ave. Suite 103/104 \* Las Vegas, NV 89102 \*Ph 725-202-2647 Fax: 702-552-8283 \* Email: jcopeland@gtcenter.net

## **Nevada Student Enrollment Agreement**

Genevieve Training Center Licensed to Operate by the Nevada Commission on Postsecondary Education

Last Name	First Name		M	Phone Number
Student's Address	City		State	Zip Code
Emergency Contact Name:	Phone:		Relationship:	
Program Title:	Nurse Assistant Program		Start Date:	J
Total Clock Hours:	120 Hours		Schedule Completion Date:/	
Program Tuition:	\$2680.00	The effective date of the catalog under which the student is enrolled: 02/06/2023		
Student Signature:		Date:		

Students have the option to pay with a cashier's check, check, or credit card. Students will receive a receipt at the time of payment: A \$20.00 late fee will be assessed for students who fail to make agreed-upon payments by the scheduled due date. If a student defaults on their payment agreement will be sent to collections.

## PAYMENT PLAN: must be paid in full prior to the scheduled start date of on- site Clinical.

Date Payment Received:	Amount Paid:	
	\$ \$	
	Date:	
	pletion of the program, this includes meeting pancial obligations must be met, and all	
	etion will be awarded upon comp	

- Placement in a job is not guaranteed nor promised to graduate.
- I have received a copy of the catalog and understand that it as a part of the enrollment agreement.
- Genevieve Training Center does not accept credits for pervious training.

Right to Cancellation: Students have the right to cancel this enrollment agreement for three (3) days from the date of signing the agreement for any reason.

Process for Cancellation: Students can locate an Enrollment cancellation form online at <a href="www.gtcenter.net">www.gtcenter.net</a>. This form can be submitted to the Admission Department by email at <a href="admission@gtcenter.net">admission@gtcenter.net</a> or in person at, 3601 W. Sahara Ave. Suite 103/104, Las Vegas, NV 89102, will return any monies paid by the student within 15-days of the request to cancel. Any funds paid by a third party on behalf of the student will be returned to the payee. Students who cancel after the three-day cancellation period are subject to the institution's refund policy.

I have reviewed each section of the enrollment agreement and had the opportunity to ask questions prior to signing the enrollment agreement:

(initial) Staff answered my questions about the	ne enrollment agreement and catalog
(initial) I do not have any questions concernitime.	ng the enrollment agreement or catalog at this
SIGNATURE OF STUDENT	DATE SIGNED
Jackalyn Copeland  SIGNATURE OF SCHOOL REPRESENTATIVE	DATE SIGNED