Application for Admission

* I am applying for the Full Friday class beginning Summer 2025
* I am applying for the Full Saturday class beginning Summer 2025
* I am applying for a future course at Space Coast Dental Academy

Applicant Name (First and Last):

DOB: Age:

Address:

City: State: Zip:

Phone Number:

Email Address:

High School attended:

City, State of School:

No

Yes

Did you graduate with a Diploma?

If No, Equivalency Diploma? Date Equivalency received:

Issuing Agency (City & State):

Emergency Contact Name: Emergency Contact Number:

Relationship to Emergency Contact:

\*How did you hear about Space Coast Dental Academy?

 Internet Word of mouth Family/Friend \*Who may we thank for your referral? Other

I wish to register for the upcoming program and have selected one of the following payment options:

* Payment in full $3600 (due upon completion of application)
* $1100 down payment (due upon completion of application) With weekly payments of $250 with a final payment due prior to last day of course completion.

   

**\*Please make check and Money Order Payable to: Space Coast Dental Academy**

* **Affirm Financing**

**Cancellations & Refund Policy**

Any student may withdraw from Space Coast Dental Academy program within the first three (3) business days of instruction to receive a full refund of tuition fees except for the administration fee.

Should an applicant/student cancel or is terminated for any reason, all refunds will be made according to the following policy.

1. Cancellations must be made in person, via e-mail, or by certified mail.
2. All monies will be refunded (except for the administration fee) if the applicant is not accepted by the school or if the applicant cancels within three (3) business days after signing the Enrollment Agreement and making the initial payment. An applicant not requesting cancellation by his/her specified starting date will be considered a student.
3. The termination date for refund computation purposes is the last date of actual attendance by the student unless an earlier written notice is received.
4. Refunds will be made within 30 days of termination or receipt of the Cancellation Notice

 Initial

Applicant Signature Date Administrator Signature Date