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FIRST YEAR RESIDENT ACCEPTANCE & AGREEMENT

Advanced Education in General Dentistry Residency Program (AEGD)

Congratulations, we are pleased to invite you to be part of our new class.

I understand and agree that the position is offered contingent upon returning this signed acceptance form by (day), (month/date/year); making a non-refundable first installment in the total amount of (dollars amount) by, (day), (month/day/year) in order to reserve my space in this program. The total amount of tuition is (dollars amount)

I understand that the remaining total tuition balance, is due by (month/date/year), in accordance to the payment schedule below\*\*\*. Each installment is non-refundable. I further understand that acceptance to our first year program does not guarantee acceptance to the second year program. All residents are required to follow the organization policies and procedures described on the residency manual.

\*\*\* Payment Schedule

 (Day), (Month/Date/Year)- dollars amount- 1st Installment

 (Day), (Month/Date/Year)- dollars amount- 2nd Full Installment

 (Day), (Month/Date/Year)- dollars amount- 3rd Full Installment

 (Day), (Month/Date/Year)- dollars amount- 4th Full Installment

 (Day), (Month/Date/Year)- dollars amount- 5th Full Installment

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Signature

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Print Name Date:

**\*\*** I do not wish to reserve my space in the Community Smiles Residency program at this time. By signing below you are electing to forgo a reserved space in our program. You also understand that this space will be offered to another candidate upon receiving this confirmation.

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Signature

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Print Name Date