



THE UNIVERSITY OF SINT EUSTATIUS SCHOOL OF MEDICINE

5th Term at Lincoln College Contract

I, _____ (print name), request to be enrolled in the 5th term curriculum at Lincoln College in Normal, Illinois, for the Fall 2008 term. I understand that the following charges will apply:

Tuition: \$7,800.00
Fees (including Housing) \$2,700.00 (this includes a \$200.00 fully refundable housing deposit)

TOTAL: \$10,500.00

I understand that I am eligible to complete my 5th term at Lincoln College only if I have paid the amount above, in full, to the University of Sint Eustatius School of Medicine by August 1, 2008. Otherwise, my enrollment in 5th term at Lincoln College becomes null and void.

To activate this contract, I understand that I must pay a \$250.00 nonrefundable deposit. If I attend Lincoln College, then the deposit will go toward my tuition. If I do not attend Lincoln College, then I forfeit the deposit. The deposit is due by July 1st, 2008.

Based on my citizenship status and or visa status, I assert that, to the best of my knowledge, I have a legal right to reside in the United States.

SIGNATURE OF STUDENT

DATE

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