



UMA Online

9309 N. Florida Ave.
 Tampa, FL 33612
 Tel: 888-205-2456
 www.ultimatemedical.edu

Commission for Independent Education License #4379
 Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: Wi Testing

Address: 123 test street

City: testing State: Wisconsin Zip: 11111

Telephone: 123-111-1111 Alternate Phone: _____

Date of Birth (MM/DD/YYYY): XX/XX/1980 Social Security #: XXX-XX-1111

PROGRAM:		MILITARY STATUS:	N
Health and Human Services		CLASS SCHEDULE:	Monday-Sunday
ANTICIPATED START DATE:	09/16/2024	PROGRAM FEES:	
ANTICIPATED END DATE:	02/22/2026		
PROJECTED NUMBER OF WEEKS:	75	Tuition:	\$ 30400.00
SEMESTER CREDIT HOURS	64.00	Books:	\$ 0.00
CREDENTIAL AWARDED:	Associate of Science	TOTAL PROGRAM FEE: \$ 30400.00	
EXTERNSHIP/PRACTICUM HOURS:	N/A		
METHOD OF DELIVERY:	Online Delivery		

By signing this Enrollment Agreement, I certify that:

- I acknowledge that I have been given the URL for Ultimate Medical Academy's (UMA) Catalog (<http://www.ultimatemedical.edu/catalog>) and have been advised that it is my responsibility to read and understand it. By signing this enrollment agreement, I agree to be bound by all policies and requirements stated in the catalog.
- I acknowledge that I am required to comply with the conduct expectations established by UMA, including but not limited to the requirements noted in the Code of Conduct for Students policy published in the UMA Catalog and the other related policies listed therein. I acknowledge that my failure to do so could result in UMA issuing sanctions, including but not limited to suspension or expulsion.
- I have had sufficient opportunity to evaluate the information in the enrollment agreement and to ask questions of the school and its representatives and have received satisfactory answers to my questions.
- I understand I am responsible for adhering to any changes in policy contained in the UMA Catalog, addendum, or supplement during my enrollment. I further acknowledge that UMA, as a result of regulatory or licensing agency requirements, may be required to make policy or curriculum changes during my enrollment. Any changes to my curriculum will be disclosed to me in a separate document. Policy changes will be published in the UMA Catalog, addendum or supplement which is available at <http://www.ultimatemedical.edu/catalog> and available in hard copy upon request.
- I understand that UMA's Student Consumer Information and Student Right-to-Know Information is available at <http://www.ultimatemedical.edu/pdfs/consumerinformation.pdf>.
- I understand that UMA's Campus Security Report is available at <http://www.ultimatemedical.edu/student-information/#security>.
- I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
- I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
- I acknowledge that if licensing or credentialing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, credentialing, or academic credit that I will derive from the program.
- I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credits is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits earned to any other institution.
- I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.

12. I acknowledge that I am prepared to commute between 10 and 40 miles from my home address (Online) or from the campus location (Clearwater), which is considered a reasonable and customary commuting distance to complete my externship. If a prospective site does not exist within 40 miles, then I am prepared to sign a written statement acknowledging that my commute may need to be longer than the customary distance.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
14. I agree to hold UMA, its officers, and employees harmless for any acts that I may commit through my own negligence.
15. I authorize UMA to obtain results of any licensure or certification examinations related to my program of study.
16. I understand that if I start classes and do not receive a financial aid award which covers my educational costs including books, I am personally responsible for paying whatever amounts I owe to UMA. UMA offers payment plans and institutional loans without interest. Students with institutional payment arrangements have payments due the fifth of each month.
17. I agree to pay UMA the balance of my account on demand if: an unpaid balance remains after withdrawal, my check is returned for non-payment, or a change takes place in my financial planning that alters the availability of funds. I understand that should my account become delinquent, UMA reserves the right to submit the account to collection. I further understand that I am responsible for any additional charges incurred as a result of that action. There is a \$25 service fee for all returned checks.
18. I understand that if I wish to request transfer credit for previous education, it is my responsibility to have official transcripts sent to UMA for review.
19. I understand that if UMA cancels a program in which I am enrolled but have not yet begun attendance, I will receive a full refund of all monies paid. If UMA terminates a program after I have begun attendance, I am entitled to a teach-out of the program or a full refund of all monies paid.
20. I understand that this statement becomes a legally binding instrument upon my and UMA's acceptance, evidenced by signatures below in the Enrolling Student Acknowledgement section, unless canceled pursuant to the Right to Cancel outlined in this agreement. (This statement does not apply to active duty military students—see #27 below.)
21. I understand that retake fees are charged at full tuition equal to the original cost of the course being retaken.
22. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.
23. I understand if I relocate to a state or territory in which UMA does not have approval to operate, this may adversely impact my ability to complete my program and/or gain in-field employment. Credentialing and employment requirements vary by state and territory. I understand I am required to notify UMA in the student portal (Puma Den) and request prior authorization if I plan to move to or intend to work in any state/territory that UMA does not currently enroll in. Students who do not request or are not granted authorization prior to moving may be officially withdrawn from their program.
24. I understand that throughout my program at UMA, I am responsible for having access to all online technical requirements, both hardware and software, as listed in the UMA Catalog.

FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

25. I understand that if I have advised my admissions representative that I am using military Tuition Assistance, my documents will be held until UMA receives my branch Tuition Assistance authorization. I understand that I am not responsible for any charges and am not allowed to complete my enrollment or start my program until my branch Tuition Assistance authorization form is complete.
26. I understand that I must provide official transcripts from all previously attended postsecondary institutions to the Office of the Registrar no later than the end of the first module from the start of the program.
27. I understand that, if I am an active duty military student, I am not charged for books.
28. I understand that, if I am an active duty military student, this agreement becomes a legally binding instrument upon UMA's receipt of my branch Tuition Assistance authorization form, unless cancelled pursuant to the Right to Cancel outlined in this agreement.
29. I understand that the pricing listed above is dependent upon my providing required and acceptable documentation* to verify my military status. If I am unable to provide acceptable documentation, I agree to be charged the civilian pricing for my program. For details about civilian pricing, I understand that I should see the current UMA Catalog at <http://www.ultimatemedical.edu/catalog>.
**Examples of acceptable documentation to submit for military pricing include, but are not limited to: a DD214 with an honorable discharge, a spouse's DD214 and marriage certificate, a military ID for active duty, Leave & Earnings Statement, a spouse's military ID and marriage certificate and a certificate of eligibility. Your student finance planner can discuss this documentation in further detail.*

RIGHT TO CANCEL

An applicant may cancel his/her enrollment within 72 hours of signing the enrollment agreement without incurring any financial penalty. Additionally, students who do not begin attendance within the first seven calendar days of a program, or who cancel or are cancelled by UMA during their provisional registration period have their enrollment canceled without incurring any tuition charges. See the Provisional Registration Status section in UMA's Catalog for more details. Students should contact the Registrar (umaregistrar@ultimatemedical.edu) to cancel within the timeframe listed above. Students can direct other questions about their enrollment to their admission representative, new student advisor, or learner services advisor.

WITHDRAWAL PROCEDURE

Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An

explanation of these rights is provided in the UMA Catalog.
<https://www.ultimatemedical.edu/student-information/>

WISCONSIN RESIDENTS' REFUND POLICY

PRO RATA REFUND CALCULATION FOR STANDARD TERM PROGRAMS FOR WISCONSIN RESIDENTS

For all students in courses other than their first course at uma, the other provisions in the refund policy below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

A student who resides in Wisconsin and who ceases enrollment at UMA receives a tuition refund as follows. If a student's termination date is:

- Prior to the first day of a course and if a student does not begin attendance during the first seven calendar days of a program, a student receives a refund of 100% of tuition charges.
- During the first seven calendar days of a course, a student receives a refund of 80% of tuition charges.
- After the first seven calendar days of a course, during the second week of the course, a student receives a refund of 60% of tuition charges.
- During the third week of a course, a student receives a refund of 40% of tuition charges.
- During the fourth week of a course or later, a student receives no refund of tuition charges.
- Refunds are rounded to the nearest whole dollar.

UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for UMA Online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments or an assessment. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts because of withdrawal from UMA.

ULTIMATE MEDICAL ACADEMY CONTRACTS

Ultimate Medical Academy reserves the right, at its sole discretion, to change program start dates and to cancel or terminate a program but will teach out any currently enrolled students. Ultimate Medical Academy reserves the right to change policies, tuition, fees, calendars and curricula as deemed necessary and desirable. To the extent I have outstanding federal student loan obligations incurred in connection with my enrollment at UMA, I agree that any final resolution providing for monetary damages shall be paid toward my student loan obligations.

By checking this box, I acknowledge that I have received a copy of this Agreement and have read and fully understand the statements, disclosures, and UMA policies contained in this disclosure form. I further understand that these statements, disclosures, and policies are part of a legal and binding contract and I have been provided access to the UMA Catalog and informed that a hard copy is available upon request.

Wi Testing electronically signed by computer IP 10.192.1.98

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Student's Signature

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Representative

Date

Authorized Administration Official

Date

Revised C.088.09.01.23.01



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Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data when offered by students. Questions are optional.

Form with fields for GENDER (AT BIRTH), AGE GROUP, and RACE AND ETHNICITY. Includes checkboxes for Male/Female, age ranges, and various racial/ethnic categories.

Nonresident? [] Yes [x] No

Is this your first time attending a post-secondary school? [] Yes [x] No

Name: Wi Testing Email: nocuto+08211@ultimatemedical.edu

Phone: 123-111-1111 Alternate Phone:

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) provided, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: [x] Opt-In [] Opt-Out

[x] By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful

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Student's Signature Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online
9309 N. Florida Ave.
Tampa, FL 33612
Tel: 888-205-2456
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: _____
Wi _____ Testing _____
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): _____

Social Security Number: XXX-XX-1111 Date of Birth: XX/XX/1980

I understand that only students who are high school graduates from a valid high school, have earned a high school equivalency (GED, HiSET, TASC, associate degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA) or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts standard high school diplomas and equivalence from valid high schools. UMA does not accept special diplomas or equivalent.

I hereby attest and certify that I have earned the following secondary school credential (check one)

I earned a high school diploma from Central High School on 06/2017
Name of High School Date of Graduation (MM/YYYY)

Address: ken austin pkwy

City: Brooksville State: Florida Zip: 34613 Country: United States

I earned a High School Equivalency (check one):

GED HiSET TASC Other state-authorized exam recognized as equal to a high school diploma

_____ on _____
Name of Granting Agency Date of Graduation (MM/YYYY)

Address of Granting Agency: _____

City: _____ State: _____ Zip: _____

I completed a home school high school program at _____

in _____ on _____
State Date of Graduation (MM/YYYY)

I completed secondary school in a foreign country

_____ on _____
Name of Secondary School Date of Graduation (MM/YYYY)

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I am beyond the age of compulsory school attendance in the state in which UMA is located (Florida).
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.
- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately. If selected for credential verification, I understand that if I cannot provide acceptable documents within the required timeframe, this attestation is considered insufficient proof of secondary school completion.
- I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with all documentation required to verify this attestation. Such documentation may include a copy of an original diploma, transcripts or certificates; official letter of GED approval with passing scores; or written state verification of home schooling. If this documentation is not received within 30 days of receiving a request for documentation, I understand that my enrollment may be cancelled.
- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

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Student's Signature

Date

F.125.01.08.24.01



Reporting Period July 1, 2022 – June 30, 2023

Rates are for UMA Online campus only

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Accrediting Bureau of Health Education Schools (ABHES)

Program	Credential	Retention Rate*	Placement Rate**
Emergency Medical Technician	Diploma	93%	100%
Health and Human Services	Associate Degree	74%	75%
Health Information Management	Associate Degree	75%	78%
Health Sciences - Medical Administrative Assistant	Associate Degree	71%	73%
Health Sciences - Medical Office and Billing Specialist	Associate Degree	76%	76%
Health Sciences - Pharmacy Technician	Associate Degree	73%	74%
Healthcare Accounting	Associate Degree	72%	73%
Healthcare Management	Associate Degree	75%	78%
Medical Administrative Assistant	Diploma	79%	73%
Medical Billing and Coding	Associate Degree	79%	74%
Medical Billing and Coding	Diploma	83%	75%
Medical Office and Billing Specialist	Diploma	78%	71%

The retention and placement calculations are for the period July 1, 2022 – June 30, 2023 and are based on the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org).

*Retention Rate = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

**Placement Rate = (P)/(G-U). P = Placed graduates. G = Total graduates. U = Graduates unavailable for placement.

- **Placed** graduates are defined as those employed in a position wherein the majority of the graduate’s job functions are related to the skills and knowledge acquired through successful completion of the training program.
- **Unavailable** is defined only as documented: health-related issues, military obligations, incarceration, continuing education status, or death. Institutions must have on file additional documentation and rationale to justify graduates identified in this category. Examples of documentation may include but is not limited to a doctor’s note, military orders, arrest documentation, enrollment agreement, acceptance letter, or death certificate.

Florida Commission for Independent Education (CIE)

Institution	Retention Rate*	Placement Rate**
UMA Online	77.83%	76.08%

The retention and placement calculations are for the period July 1, 2022 – June 30, 2023 and are based on the retention and placement calculations prescribed by Commission for Independent Education (CIE).

*Retention Rate = (Total Enrollment – Withdrawn) / Total Students

**Placement Rate = (P)/(G-U). P = Placed graduates. G = Total graduates. U = Graduates unavailable for placement.

- **Placed** graduates are defined as those employed, are in active military service, or are enrolled in another postsecondary program.
- **Unavailable** is defined only as documented students that are unable to work due to a medical condition, death or incarceration and graduates who are exempt from placement services.

By checking this box, I acknowledge that I have read and understand this disclosure.

Wi Testing signed by computer IP 10.192.1.98

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Student's Signature
 C.252.05.30.24.01

Date



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Tampa, FL 33612
Tel: 888-205-2456
www.ultimatemedical.edu

Student's Legal Name Wi Testing
Phone 123-111-1111 Email Address nocuto+08211@ultimatemedical.edu
Address 123 test street , testing, Wisconsin 11111
Program Health and Human Services Approximate Graduation Date 02/22/2026

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
Checking the classified sections of newspapers and online job postings.
Adequately preparing for job interviews.
Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
Teaching job-search techniques.
Reviewing student resumes and cover letters.
Teaching interviewing techniques.

I am currently employed: [] Yes [x] No

If yes, my current employer is _____ and my job title is _____

- [x] I want employment services.
[] I do not want employment services because:
o [] I plan to be a full-time student after graduation.
o [] Other _____

[x] By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me. I hereby authorize UMA to disclose my telephone number, address, and email address to any prospective employers and I understand this authorization is valid until revoked.

Wi Testing signed by computer IP 10.192.1.98 08/21/2024 04:58:16 PM
Student's Signature Date



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State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug test before a student can be placed in an externship, be licensed, certified, or registered, or obtain employment in allied healthcare. Students who have a criminal record may be denied externship opportunities, be prevented from sitting for professional examinations, be denied licensing, registration, or certification even if a required exam is passed, and/or be denied employment.

Students are responsible for inquiring with appropriate employers about current hiring requirements prior to enrolling in the program of their choice. During or after enrollment, if a student's criminal background circumstances change, the student is responsible for inquiring with the appropriate employers as soon as possible to determine the potential impact on externship, certification, licensure, registration, and/or employability. If a student incurs an arrest, has a pending charge or open case, or criminal conviction while at UMA, the student must notify UMA to discuss the potential impact on the student's ability to complete any externships or other program requirements, and the potential impact on the student's licensing, certification, registration, and employment prospects after graduation. This signed background check authorization is valid while the student is active or out on an approved Leave of Absence with UMA, and while the student is working with UMA's Career or Alumni Services teams. Results of individual background checks expire 30 days after the date listed on the background check results.

Note: If a student desires to work with a certain demographic population, the student should note the possibility that employment opportunities working with that specific population may be limited by a criminal background, and may also be limited within the geographic location to which the student is willing to travel for work. Students with very specific desired employment outcomes (for example, working with only the elderly, or only with veterans) are advised to consult with local employers to determine the viability of future employment prospects in the community before enrolling in this program.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

By checking this box, I agree to the following:

- I understand that any criminal background on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (if applicable to by program, and varies by state and agency administering the examination)
 - Obtain state licensure in order to work in my field of study (if applicable to my program, and varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these inabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.
- I acknowledge and understand that, to qualify for employment in my field of study, I may be required to answer additional questions about my background. I further understand that a UMA representative may discuss these issues further with me to determine the best path forward.

Wi Testing signed by computer IP 10.192.1.98

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Student's Signature

Date

Identifying Information and Authorization for Criminal Background Investigative Report

I authorize UMA to perform a criminal background check on me to assist in making informed decisions about my enrollment at UMA, my externship, and my in-field or field-related employment. Unsatisfactory background check results are likely to impact my ability to secure an externship, licensing, certification, registration and/or employment in my field of study or related field of study. I understand that enrollment in my program is contingent upon satisfactory results on a background check, and my enrollment will be cancelled immediately if results are determined to be unsatisfactory. I further understand that if a background check is run or required later in my program or for placement purposes, these results may prevent me from completing my program (including an externship), or obtaining external certification, registration, licensure, or employment.

First Name Wi Middle _____ Last Name Testing
Other Names Used (alias, maiden, nickname) _____
Social Security Number XXX-XX-1111 Date of Birth XX/XX/1980 Gender Female
Daytime Telephone Number 123-111-1111

Current Address:

Address Line 1 123 test street Address Line 2 _____
City testing State/Province/Region Wisconsin
Zip/Postal Code/Postcode 11111 Country United States
Dates 05/01/2023 to Present

Previous Address:

Address Line 1 _____ Address Line 2 _____
City _____ State/Province/Region _____
Zip/Postal Code/Postcode _____ Country _____
Dates - _____

Wi Testing signed by computer IP 10.192.1.98 1111
Student's Signature **Last 4 Digits of Social Security #**
08/21/2024 04:58:16 PM
Date

F.864.01.07.22.01



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REFER FRIEND UNDERSTAND TEXT MISSING

Print Student Legal Name: Wi Testing

Table with 3 columns: Name, Phone, Email. Contains 5 rows of empty lines for data entry.



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In what program am I enrolling?
Health and Human Services

Table with 2 columns: Statement and Answer (Yes/No). Statements include understanding of diploma requirements, program fit, career goals, start date, graduation status, internet access, English proficiency, and loan requirements.