CALIFORNIA DENTAL
ASSISTANT PROGRAM

The California Dental Assistant Program
TUITION RELIEF REQUEST FORM

Version 3.1, November 2026. Student Handbook Section 4.6

1. Tuition Relief Policy

If you are on a payment plan and need help with a month, you can request tuition relief or late relief.

	Tuition Relief	Late Relief
When to request	At least 10 business days before the due date	Up to 14 days after the due date
What you pay	$25.00 on the due date, in place of that month's payment	$50.00 when approved, in place of the missed payment
Effect	The amount you pay is applied to your balance. The rest of that month's payment moves to the end of your plan, with no interest.	The $50 is applied to your balance. The rest of the missed payment moves to the end of your plan, with no interest
Limit	3 times per enrollment	Counts toward the 3, and only 1 of the 3 can be Late Relief

Who Is Eligible

Students on a CDA Program payment plan who have made at least one payment, are current on payments (for Late Relief, current except the missed payment), and are not on a leave of absence.

How It Works

- Until you receive written confirmation, your regular payment is still due.
- If approved, you sign an updated Finance Agreement.
- Relief does not extend your 12-month enrollment window.

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STUDENT NAME: **TODAY'S DATE:** MM / DD / YYYY

2. Request Details

1. Student Full Name: Your Full Name

2. Email Address: Your Email Address

3. Phone Number: Your Phone Number

4. Type of Request:

- [ ] **Tuition Relief (10+ Business days before the due date)**
- [ ] **Late Relief (Up to 14 days after the due date)**

5. Due date you need relief for: Payment Due Date

6. How many times have you used relief before?

- [ ] **None**
- [ ] **Once**
- [ ] **Twice**

7. Briefly, what's going on?

Explain Your Situation

If you have any questions or would like to submit any additional documents, please feel free to email us at hello@californiadentalassistant.com.

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3. Statement of Understanding

By submitting this request, I acknowledge and agree to the following:

- I am on a CDA Program Payment Plan, I have made at least one payment, and I am not on a Leave of Absence
- My regular payment is still due until I receive written approval
- If approved, I will sign an updated Finance Agreement
- Relief does not extend my enrollment window

Student Full Name: Full Name _____

Student Signature: Signature _____

Parent/Guardian/Responsible Party Name: Full Name _____ *(Required only if student is under 18)*

Parent/Guardian Signature: Signature _____

Today's Date: MM / DD / YYYY _____