

**Registration and Payment Agreement  
Doctor of Dental Medicine Program  
Class of 2026B  
Academic Year 2023-2024**

*If waiving the student health plan through the school you must submit your waiver request via the online waiver portal (link to be emailed to you from [insurance@roseman.edu](mailto:insurance@roseman.edu)) and be granted approval from the Student Services Office prior to the waiver deadline stated in the email. If the waiver is denied or you do not complete the online waiver process via the portal as stated above, you will be responsible for paying the health insurance premium.*

The first payment is due on or before orientation day. Subsequent payments will incur a late fee of \$25.00 on any payment that is received more than 10 days after the due date. If full payment is not received within 15 days from the due date, I may be withdrawn for non-payment.

Please refer to: <https://www.roseman.edu/0038/Tw6111th>