

**Registration and Payment Agreement
Doctor of Dental Medicine Program
Class of 2025
Academic Year 2023-2024**

Bursar – NV (702) 968-2072 (702) 968-5675 Fax
UT (801) 878-1032 (801) 878-1460 Fax
bursar@roseman.edu

FIRST PAYMENT DUE DATE:	<u>July 31, 2023</u>
Tuition	\$43,377.00
Technology Fee	\$250.00
Instructional Material Fee	\$776.00
Clinic Usage	\$5,288.00
Student Services Fee	\$318.00
Health Insurance	\$3,387.00
Total <u>with</u> Health Insurance:	\$53,396.00
Total <u>without</u> Health Insurance:	\$50,009.00

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) 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.

SECOND PAYMENT DUE DATE:	<u>February 5, 2024</u>
Tuition	\$43,377.00
Technology Fee	\$250.00
Instructional Material Fee	\$775.00
Clinic Usage	\$5,287.00
Total:	\$49,689.00

A late fee of \$25.00 will be assessed 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 If full payment is not received within 15 days from the due date, I may be withdrawn for non-payment.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/about/university-service-units/bursar/> for payment options.