



# ROSEMAN UNIVERSITY OF HEALTH SCIENCES

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

## Registration and Payment Agreement Doctor of Dental Medicine Program Class of 2026B Academic Year 2024-2025

<b>FIRST PAYMENT DUE DATE:</b>	<b><u>June 17, 2024</u></b>
Tuition	\$45,325.00
Technology Fee	\$250.00
Instructional Material Fee	\$810.00
Clinic Usage Fee	\$5,745.00
Student Services Fee	\$330.00
Health Insurance	\$3,528.00
<b>Total with Health Insurance:</b>	<b>\$55,988.00</b>
<b>Total without Health Insurance:</b>	<b>\$52,460.00</b>

*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.*

<b>SECOND PAYMENT DUE DATE:</b>	<b><u>December 16, 2024</u></b>
Tuition	\$45,325.00
Technology Fee	\$250.00
Instructional Material Fee	\$810.00
Clinic Usage	\$5,745.00
<b>Total:</b>	<b>\$52,130.00</b>

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 If full payment is not received within 15 days from the due date, I may be withdrawn for non-payment.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/about/university-service-units/bursar/> under Making Payments, for payment options.