

# ROSEMAN UNIVERSITY

## O F H E A L T H S C I E N C E S

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 2029

Academic Year 2026-2027

#### First Payment Due at Orientation

**June 12, 2026**

*First day of classes is 6/17/2026*

Tuition	\$48,565.00
Deposit	(\$1,000.00)
Technology Fee	\$250.00
Instructional Material Fee	\$1,090.00
Student Kit - Owned	\$3,200.00
Clinic Usage Fee	\$6,425.00
Student Services Fee	\$220.00
Health Insurance	\$4,400.00

Estimate

**Total Due WITH Health Insurance**

**\$63,150.00**

**Total Due WITHOUT Health Insurance**

**\$58,750.00**

*Any remaining balance after financial aid is applied must be paid on or before orientation.*

***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.***

#### Second Payment Due Date

**January 4, 2027**

Tuition	\$48,565.00
Technology Fee	\$250.00
Instructional Material Fee	\$1,090.00
Clinic Usage Fee	\$6,425.00
<b>Total</b>	<b>\$56,330.00</b>