

# 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 2027

Academic Year 2026-2027

<b>D3 Term 1 Due Date</b>	<b><u>June 15, 2026</u></b>
Tuition	\$48,565.00
Technology Fee	\$250.00
Instructional Material Fee	\$900.00
Clinic Usage Fee	\$6,000.00
Student Services Fee	\$525.00
Health Insurance	\$3,768.00
<b>Total Due WITH Health Insurance</b>	<b>\$60,008.00</b>
<b>Total Due WITHOUT Health Insurance</b>	<b>\$56,240.00</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 Affairs 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>D3 Term 2 Due Date</b>	<b><u>January 4, 2027</u></b>
Tuition	\$48,565.00
Technology Fee	\$250.00
Instructional Material Fee	\$900.00
Clinic Usage Fee	\$6,000.00
Graduation Fee	\$200.00
<b>Total</b>	<b>\$55,915.00</b>