

# 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 Nursing Practice-Family Nurse Practitioner  
Academic Year 2026-2027  
DNPFPN Class of 2028 DNP Terms 5-6

<b>DNPFPN Term 5 Due Date</b>	<b><u>May 10, 2027</u></b>
Tuition	\$12,500.00
27-28 Health Insurance	<b>\$3,500.00 Estimate</b>
<b>Total <u>with</u> Insurance</b>	<b>\$16,000.00</b>
<b>Total <u>without</u> Insurance</b>	<b>\$12,500.00</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>DNPFPN Term 6 Due Date</b>	<b><u>October 19, 2027</u></b>
Tuition	\$12,500.00
Graduation Fee	\$200.00
<b>Total</b>	<b>\$12,700.00</b>