

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 Y2
(MSNFNP Portion - DNP R&P issued upon completion)

MSNFNP Y2 Term 3 Due Date	<u>July 6, 2026</u>
Tuition	\$6,150.00
26-27 Health Insurance	\$3,768.00
Total <u>with</u> Insurance	\$9,918.00
Total <u>without</u> Insurance	\$6,150.00

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 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.

MSNFNP Y2 Term 4 Due Date	<u>March 1, 2027</u>
Tuition	\$6,150.00
Total	\$6,150.00