

# 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 Medicine  
Class of 2029 (MD2)  
Academic Year 2026-2027

<b>MD2 Term 1 Due Date</b>	<b><u>July 27, 2026</u></b>
Tuition	\$33,000.00
Technology Fee	\$250.00
Lab Fee	\$400.00
Instructional Materials	\$750.00
Student Programs	\$250.00
Research/Scholarly Activity Support	\$100.00
Student Health Insurance	\$3,768.00
<b>Total Due <u>with</u> Health Insurance</b>	<b>\$38,518.00</b>
<b>Total Due <u>without</u> Health Insurance</b>	<b>\$34,750.00</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>MD2 Term 2 Due Date</b>	<b><u>January 11, 2027</u></b>
Tuition	\$33,000.00
Technology Fee	\$250.00
Lab Fee	\$400.00
Instructional Materials	\$750.00
Student Programs	\$250.00
Research/Scholarly Activity Support	\$100.00
<b>Total</b>	<b>\$34,750.00</b>