

**Marian University
School of Nursing
4200 Harding Road, Suite 500
Nashville, TN 37205
317-955-6050**

Enrollment and Tuition Agreement

PROGRAM: **Online Accelerated Bachelor of Science Nursing Program (OABSN)**
(Major:Nursing)

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Marian University Student ID: _____

Address: _____ City/State/Zip: _____

Home Telephone: _____ Alternate Telephone: _____

Email Address: _____

Enrollment Start Date: _____ Projected Graduation Date: _____ Program Length: _____ mos

Full Time _____ Part Time _____

TOTAL TUITION, FEES AND OTHER CHARGES AS SPECIFIED IN THE CURRENT TUITION SCHEDULE:

Maximum Full Time Length of Program: 20 Months
Maximum Cost total tuition: \$60,600
Maximum Cost for tuition & other program costs (incl books, fees): \$64,734
Maximum credit hours: 100 credits
Maximum Full Time Length of Professional Nursing component- 16 month

Your Total Tuition, Fees and Charges as specified in the Current Tuition Schedule

Tuition, Professional Nursing Courses, per credit hour.....	\$825.00
Tuition, Pre- and Co-Requisite courses, per credit hour.....	\$405.00
Kaplan clinical fee, for all students enrolled in clinical	\$200.00

Total Estimated Tuition and Fees _____

PLEASE NOTE: Students are expected to pay all student account charges by the due dates published by Marian University. The student will be responsible for paying any and all costs associated with collection efforts by Marian University. This may include interest, collection costs, attorney fees and court fees. If the tuition balance from the immediate previous semester is not paid in full by the tuition due date, the student will be administratively withdrawn from pre-registered classes and will be unable to re-register until the previous semester tuition has been paid in full.

CANCELLATION Prior to Commencement of Classes by the Student:

SCHEDULES FOR WITHDRAWAL FROM THE UNIVERSITY and REDUCTION OF CHARGES:

A student who withdraws from school may be entitled to full or partial reduction of charges. Reduction of charges is based on the official date of withdrawal as recorded in the Office of the Registrar. Consult with the Financial Aid Office concerning the impact that withdrawal may have upon current financial aid awards.

Standard (semester-long) courses

- withdraw during calendar week 1 = 100%
- withdraw during calendar week 2 = 90%
- withdraw during calendar week 3 = 60%
- withdraw during calendar week 4 = 25%
- withdraw during or after calendar week 5 = 0%

Courses lasting 5 weeks or more

- (up to, but not including, semester-long courses)**
- withdraw during calendar week 1 = 100%
 - withdraw during calendar week 2 = 50%
 - withdraw during calendar week 3 or after = 0%
 - last date to withdraw with “W” grade –5 business days before published end date of the class.

Courses lasting 4 or fewer weeks – no “W” grades given without complete withdrawal from the university

- withdraw prior to start of class = 100%; withdraw after class begins = 0%: last date to withdraw with “W” grade –5 business days before published end date of the class. If class meets less than 5 days, withdraw is not permitted after class begins.

If you discontinue a class without following proper withdrawal procedures, you will receive a failing grade. To withdraw from an individual class, contact your advisor or Director of Nursing Education; a \$50 change in registration fee will be assessed. To withdraw from all classes for the semester (withdraw from the university), contact the Office of the Registrar

By signing this Contract, I/we acknowledge and certify that I/we have read and reviewed this Contract in full and I/we understand all of my/our rights and responsibilities and duties. Further, I/we agree to all the terms and conditions of this Contract and the rules, regulations and policies of the Catalog, a copy of which I/we have received, reviewed and read prior to my/our execution of this Contract below. Further, I/we certify that I/we have received and reviewed the disclosure entitled “Transferability of Credits” prior to my/our execution of this Contract below.

STUDENT SIGNATURE

DATE

AUTHORIZED COLLEGE OFFICIAL’S SIGNATURE

DATE

The student is entitled to an exact duplicate copy of this Enrollment Agreement as signed. By initialing below, I (the student) acknowledge and represent that I (student) have received the following:

_____ **An exact duplicate copy of this enrollment agreement as signed**

_____ **A “Transferability of Credits” disclosure**