

Marian University
Leighton School of Nursing
3200 Cold Spring Road
Indianapolis IN 46222

Enrollment and Tuition Agreement

PROGRAM: Bachelor of Science Nursing Program (Online Accelerated BSN)

Location: 3817 Northwest Expressway, Oklahoma City, OK 73112

(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: 16 Months
Maximum Cost total tuition: \$62,706
Maximum Cost for tuition & other program costs (incl books, fees): \$66,560
Maximum credit hours: 101 credits

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

Tuition, Professional Nursing Courses, per credit hour.....	\$850.00
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from the immediate previous semester is not paid in full by the tuition due date, the student will be administratively withdrawn from pre-registered classes and will be unable to re-register until the previous semester tuition has been paid in full.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: By the University

Students can expect this enrollment agreement to continue until program completion except for 1) the student's use of unsafe clinical practices which place the patient(s) at risk which may result in immediate removal from the program, 2) criminal activity regarding theft, drugs, or alcohol, or a conviction of a felony, or 3) the failure of the student to maintain satisfactory academic performance in their coursework by earning less than a "C+" in two (or more) nursing courses.

CANCELLATION Prior to Commencement of Classes by the Student:

Schedules for withdrawal from the university and reduction of charges

A student who withdraws from Marian University 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 [Office of Financial Aid](#) about the impact that withdrawal may have on your current financial aid awards

Course lasting five weeks or more

Up to, but not including, semester-long courses.

- Withdraw during calendar week 1 = 100 percent
- Withdraw during calendar week 2 = 50 percent
- Withdraw during calendar week 3 or after = None

Last date to withdraw with "W" grade is six (6) business days before the published end date of class

Courses lasting four weeks or less

- Withdraw during calendar week 1 = 100 percent
- Withdraw during calendar week 2 or after = None
- Last date to withdraw with "W" grade is six (6) business days before published end date of the class
- If the class meets less than six days, withdraw is not permitted after class begins
- You cannot withdraw from any class in which the final examination has been given

PLEASE NOTE: All students should pay student account charges by the university's published due dates. You are responsible for any and all costs associated with collection efforts by Marian University. This may include interest, collection costs, attorney fees, and court fees.

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. I/we understand that completion of each course and/or completion of the nursing program does not guarantee of employment. 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**