



Bon Secours Memorial College of Nursing
Enrollment Agreement
8550 Magellan Parkway, Suite 1100
Richmond, VA 23227
Phone: 804-627-5300
www.bsmcon.edu

NAME: _____

ADDRESS: _____

CITY, ST., ZIP _____

PHONE NUMBER: _____

PROGRAM INFORMATION

PROGRAM/DEGREE: Bachelor of Science in Nursing, RN to BSN
PROGRAM START DATE: August 12, 2024
ANTICIPATED GRADUATION DATE: December 18, 2025 (Full-time), May 12, 2026 (Part-time)*
METHOD OF DELIVERY: Online delivery
TOTAL PROGRAM CREDITS: 120 credits
PROGRAM LENGTH: 4 years

*Some students may complete the program at a later date.

ESTIMATED COST OF THE PROGRAM:

The total cost of the Associate of Applied Science in Nursing Program:

TUITION/FEES: (33 credits)	\$18,480
TEXTBOOKS/LEARNING RESOURCES	\$3,650
TOTAL COST OF PROGRAM:	\$22,130

The above figures are based on the academic year 2024-25 tuition rates \$460 per credit and \$100 per credit for tuition/fees. Students should visit <https://www.bsmcon.edu/cost-attendance> for a full break down of Cost of Attendance for the academic year. The above program tuition, fees, and textbook costs are estimated and do not include the cost of required pre-requisite courses.

STUDENT’S RIGHT TO CANCEL:

Three-Day Cancellation: In accordance with §23.1-215 B of the Code of Virginia, an applicant who provides written notice of cancellation within three (3) business days, excluding weekends and holidays, of signing an Enrollment Agreement with Bon Secours Memorial College of Nursing (BSMCON) is entitled to a refund of all monies paid. Date by which the student applicant must cancel is August 21, 2024.

Other cancellations: A request for cancellation more than three (3) business days after executing the Enrollment Agreement and making an initial payment, but prior to the first day of class will result in a refund of all monies paid, less a maximum tuition fee of 15% of the stated cost of the course or \$100, whichever is less.

Refund Policy: For details, go to www.bsmcon.edu, Students, Policies, ADM 5.01 Financial Refunds

Student Resignation Procedure: A student planning to resign must complete a Resignation from the College Form obtained from the Director of Records and Registration.

NOTICE TO BUYER:

1. Do not sign this Enrollment Agreement before you have read it or if it contains any blank spaces.
2. This contract is binding when the Enrollment Agreement is accepted, signed, and dated by the authorized official of the College and the College's principal place of business.
3. You will be given an exact copy of this Enrollment Agreement and any disclosure pages you sign at orientation.
4. This Enrollment Agreement and the College's Catalog constitute the entire Agreement between the student and the College.
5. The College reserves the right to reschedule the program start date when the number of students scheduled is too small.
6. The College does not guarantee the transferability of credits to a college, university, or institution. Any decision on the comparability, appropriateness, and applicability of credit and whether credit should be accepted is the decision of the receiving institution.
7. All students receiving federal financial aid, which is regulated by the higher Education Act of 1965, as amended ("Title IV Regulations"), are subject to and must comply with such regulations.
8. BSMCON offers Financial Refunds in certain situations when a student (1) cancels enrollment, (2) overpays, (3) withdraws or permanently resigns, (4) has a Title IV Credit Balance, or (5) requires a "R2T4" calculation as further described in ADM 5.01 Financial Refunds policy. For details, go to www.bsmcon.edu, Students, Policies, ADM 5.01 Financial Refunds.
9. BSMCON is certified to operate by the State Council of Higher Education for Virginia (SCHEV) and can be contacted at: SCHEV, James Monroe Building, 101 North Fourteenth Street, Richmond, VA 23219, Phone: (804)225-2600, TDD: (804)371-8017, www.schev.edu

STUDENT ACKNOWLEDGMENTS:

1. Based on the current information in your student file (i.e., transcripts and current course enrollment), the College has developed your curriculum plan. We reserve the right to alter your curriculum plan if the College receives additional information that affects current program capacity. Please notify the Admissions Office of any discrepancies between the information you see enclosed and your transcripts/enrolled courses.
2. By signing below, I certify that I have been provided access to the institution's electronic or print catalog. I hereby acknowledge I have been provided access and are required to read the College Catalog and Policies for each Academic Year for which I register. The College Catalog and Policies can be found online at www.bsmcon.edu.
3. I understand that the College may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements (Title IV requirements) or if I fail to abide by established standard of conduct as outlined in the College Catalog. While enrolled in the College, I understand I must maintain satisfactory academic progress as described in the College Catalog and that my financial obligation to the College must be paid in full before the degree may be awarded.
4. I understand that although the College will provide placement assistance, the College does not guarantee job placement to graduates upon program completion or upon graduation.
5. I understand that the full grievance policy can be found in the college catalog and on the website (www.bsmcon.edu). I further understand that complaints, which cannot be resolved by direct negotiation with the College in accordance with its written grievance policy, **ADM 1.05: Student Grievance Process (www.schs.edu)** may be filed with the Virginia Board of Nursing, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 300, Richmond, Virginia 23233 and/or the right to file a complaint with the State Council of Higher Education for Virginia (SCHEV) as a last resort and not face retaliation for filing a complaint. SCHEV, James Monroe Building, 101 North Fourteenth Street, Richmond VA 23219, Phone: (804) 225-2600, TDD: (804) 371-8017, www.schev.edu. All student complaints must be submitted in writing.

6. I agree to abide by the substance abuse policy, ADM 9.09 Student Drug and Substance Abuse. I agree to submit to immediate drug/alcohol testing if substance use/abuse is suspected. I am fully aware that I am responsible for the cost of this testing. Refusal to undergo testing will result in immediate dismissal from the program. Refusal to sign this Enrollment Agreement will terminate program enrollment.
7. I hereby acknowledge I am required to obtain and document clinical compliance requirements as outlined in ACA 1.03 Clinical Compliance Requirements, www.bsmcon.edu. I also understand and agree that while I am not required to carry personal health insurance, (though it is recommended), I am solely responsible for all costs incurred related to my health while enrolled at BSMCON.
8. I understand and agree that in the performance of my duties while enrolled at BSMCON, I must meet the technical standards outlined in policy ACA 1.02 Essential Technical Standards for Nursing Students. In addition, I must hold medical information in confidence; intention or involuntary violation of such confidentiality may result in punitive actions.
9. I understand and agree if I revise my curriculum plan it may impact progression through the program and space in classes cannot be guaranteed. Standards are outlined in policy ACA 3.02 Curriculum Planning.
10. I hereby authorize and consent to the taking of photographs, video recordings, and/or sound recordings. These may be used for BSMCON publications including but not limited to College Catalog, print advertising, brochures, etc.
11. I hereby acknowledge that upon completion of the Nursing Program at BSMCON, a nursing professional license will be required in order for me to practice as a registered nurse. As a higher education institution that offers programs in undergraduate nursing, it is the responsibility of BSMCON to inform students in writing prior to enrollment of (i) any state(s) for which the College's curriculum does not meet the state's requirements for professional licensure/certification and (ii) any state(s) for which the College has not made a determination of whether its curriculum meets that state's requirements.
12. I hereby acknowledge I am required to complete a criminal background check prior to entry and as needed to meet clinical agency requirements. I also acknowledge that licensing boards may deny an individual the opportunity to sit for an examination if an applicant has a criminal history or is convicted, pleads guilty or no contest to a felony or other serious crime. Successful completion of the Nursing program does not guarantee licensure, the opportunity to sit for a licensure examination, certification, or employment.
13. I understand I can review examination pass rates for the last three years for first time test takers at <https://www.bsmcon.edu/nclex-rn-pass-rates>.
14. I understand I am responsible for notifying the College, via the student portal of the SIS, of any change in address while enrolled. A change of address must be submitted within five (5) business days after the change becomes effective (see policy ADM 1.11 – Student Declaration of Current Address and/or Relocation for more details).
15. I understand, prior to program completion, if I relocate to a state in which BSMCON does not have authority to operate, this may adversely impact my ability to complete the program or gain in-field employment.
16. I understand that as a student at BSMCON I will not speak with a member of the media, on behalf of BSMH and all its entities, without first having cleared it through the Public Relations (PR) department as outlined in policy ADM 3.04 Media Policy: News Outlets and Social Media Platforms. Bon Secours Mercy Health and all its entities consider patient and associate information to be confidential, consistent with federal HIPAA laws. Requests for information by news media (television, radio, print, online,) about our hospitals, facilities, patients, and associates are to be referred to the PR department.
17. I understand that this is a legally binding agreement. My signature below certifies that I have read, understood, and agreed with my right and responsibilities. Further, I certify that I understand the institution's cancellation and refund policies and I understand and agree to these policies.

ENROLLMENT AGREEMENT ACCEPTANCE

I, the undersigned, have read and understand this Enrollment Agreement. It is further understood and agreed that this Enrollment Agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the College Official. I also understand that if I default upon this Enrollment Agreement, I will be responsible for payment of any collection fees or attorney fees incurred by Bon Secours

Memorial College of Nursing. My signature below signifies that I have read and understand all aspects of this Enrollment Agreement and recognize my legal responsibilities regarding this contract.

Signed this _____ day of _____, 20 _____

Signature of Student

Print Name

AUTHORIZED COLLEGE CERTIFICATION:

Admissions hereby certifies that _____ has been reviewed and meets all requirements for acceptance as a student in the Bachelor of Science in Nursing, Bon Secours Memorial College of Nursing, as described in the College Catalog. Admissions further certifies that there have been no verbal or written agreements or promises other than those appearing in this Enrollment Agreement.

Signature of Authorized College Official
Bon Secours Memorial College of Nursing

Date

Signature of Institutional Administrator
Bon Secours Memorial College of Nursing

Date