



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

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____

PROGRAM INFORMATION

PROGRAM/DEGREE: Bachelor of Science in Nursing, RN to BSN
PROGRAM START DATE: August 10, 2026
ANTICIPATED GRADUATION DATE: May 20, 2028 (Full-time), May 25, 2029 (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 Bachelor of Science in Nursing Program:

Table with 2 columns: Category and Amount. Rows include TUITION/FEES (\$20,625), TEXTBOOKS/LEARNING RESOURCES (\$1,500), TECHNOLOGY (\$1,700), and TOTAL COST OF PROGRAM (\$23,825).

The amounts listed above are based on the 2026-267 Academic Year Tuition rate of \$525 per credit and Fee rate of \$100 per credit. Other amounts represent total estimated program costs for textbooks, supplies (if applicable), technology requirements, and uniforms (if applicable). These amounts are estimated and do not include the costs associated with pre-requisite courses. Students are encouraged to visit https://www.bsmcon.edu/cost-attendance for a full break down of Cost of Attendance (COA) components for each Academic Year. In accordance with ADM 4.04 Student Accounts (www.bsmcon.edu) policy, Tuition and Fee rates are subject to change, and any such changes will be communicated to the student.

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, minus the \$75 application fee. Date by which the student applicant must cancel is August 19, 2026.

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 constitutes 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 Title IV of 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, ppe@shev.edu, 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, bulletin, or brochure. I hereby acknowledge I have been provided access and am 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 Regulations) 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 (SAP) as described in the College Catalog and in policy **ADM 2.06: Satisfactory Academic Progress** (www.bsmcon.edu).
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 BSMCON maintains a formal Student Grievance Process. Students are encouraged to first attempt informal resolution. If a concern cannot be resolved informally, a written grievance may be submitted to the Office of Student and Alumni Affairs for review and investigation. Students who are dissatisfied with the

outcome may submit a final written appeal to the Dean of Student Affairs. All student complaints must be submitted in writing. I further understand that complaints which cannot be resolved through direct negotiation with the School in accordance with its written grievance policy, **ADM 1.05: Student Grievance Process (www.bsmcon.edu)** may be filed with the Virginia Board of Nursing (VBON), Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 300, Richmond, Virginia 23233; the Accrediting Bureau of Health Education Schools (ABHES), 6116 Executive Boulevard, Suite 730 North Bethesda, MD 20852; and/or the State Council of Higher Education for Virginia (SCHEV), James Monroe Building, 101 North Fourteenth Street, Richmond VA 23219, Phone: (804) 225-2600, TDD: (804) 371-8017, www.schev.edu, as a last resort. I understand that students will not face retaliation for filing a complaint.

6. I agree to abide by the substance abuse policy, **ADM 9.09 Student Drug and Substance Abuse (www.bsmcon.edu)**. 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; intentional or involuntary violation of such confidentiality may result in punitive actions. I will not release my authorization code, password, or token ID device to any unauthorized user, nor will I allow anyone else to access information under my identity. I understand that my use ID is my signature throughout the electronic medical record system. I agree to comply with Bon Secours Mercy Health Code of Conduct and Corporate Responsibility policies.
9. I understand and agree that 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 (www.bsmcon.edu)**.
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 understand that the RN-BSN program does not require a licensure exam. However, I understand that the annual examination pass rates for first-time test takers for the Nursing Program at BSMCON are as follows: 2025 – 90.43%, 2024 – 96.80%, 2023 – 96.03%. I also understand that I can review examination pass rates for the last five years for first time test takers at <https://www.bsmcon.edu/program-effectiveness-data>. 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. 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 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 (www.bsmcon.edu)** for more details).
14. 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.
15. 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 (www.bsmcon.edu)**. 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.

16. I understand that this is a legally binding agreement. My signature below certifies that I have read, understood, and agreed with my rights 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.

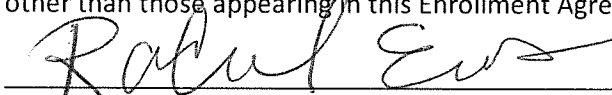
Signed this _____ day of _____, 20 _____

Signature of Student

Print Name

AUTHORIZED COLLEGE CERTIFICATION:

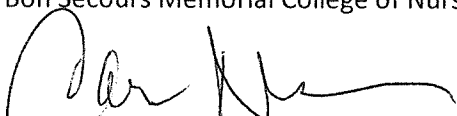
Admissions hereby certifies that _____ has been reviewed and meets all requirements for acceptance as a student in the Bachelor of Science in Nursing, Bon Secours Memorial College of Nursing, as described in the College Catalog. Admissions further certifies that there have been no verbal or written agreements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



6/9/2026

Signature of Authorized College Official
Bon Secours Memorial College of Nursing

Date



6/9/2026

Signature of Institutional Administrator
Bon Secours Memorial College of Nursing

Date