



Wednesday, November 02, 2022

Bon Secours Memorial College of Nursing  
Enrollment Agreement  
8550 Magellan Parkway, Suite 1100  
Richmond, VA 23227  
Phone 804-627-5300; Fax 804-553-7849  
[www.bsmcon.edu](http://www.bsmcon.edu)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST., ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**PROGRAM INFORMATION**

PROGRAM/DEGREE: Bachelor of Science in Nursing Program, RN to BSN  
PROGRAM START DATE: January 9, 2023  
ANTICIPATED GRADUATION DATE: May 16, 2024 (Full-time), Dec 19, 2024 (Part-time)  
MODE OF DELIVERY: Online delivery  
TOTAL PROGRAM CREDITS: 120 credits

Please indicate your intention to attend: Full-time: \_\_\_\_\_ or Part-time: \_\_\_\_\_

**TUITION**

The total cost of the Bachelor of Science in Nursing Program, RN to BSN Track:  
TUITION/FEES: (33 credits) \$16,830  
BOOKS/LEARNING RESOURCES: \$ 4,224  
TOTAL COST OF PROGRAM: \$21,054\* (Costs are subject to change.)

Figures are based on the academic year 2021-2022 tuition rates \$420 per credit and \$90 per credit for Educational Services Fees\*. BSMCON does not charge additional or specialized fees for distance education. Students should visit [www.bsmcon.edu/cost-attendance](http://www.bsmcon.edu/cost-attendance) for a full break-down of Cost of Attendance for the academic year.

**STUDENT'S RIGHT TO CANCEL**

Three-Day Cancellation: An applicant who provides written notice of cancellation within three (3) business days, excluding weekends and holidays, of executing the Enrollment Agreement is entitled to a refund of all monies paid, minus the non-refundable \$95.00 application fee. Date by which the student applicant must cancel is January 18, 2023.

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](http://www.bsmcon.edu), Students, Policies, ADM 5.01 Financial Refund Policy

Student Resignation Procedure:

1. A student planning to resign must complete a Resignation from the College form obtained from the Registrar.

**NOTICE TO BUYER:**

1. Do not sign this Agreement before you have read it or if it contains any blank spaces.
2. This Agreement is a legally binding instrument. My signature on page three certifies that I have read, understood and agreed with my rights and responsibilities. Further, I certify that I understand the cancellation and refund policies and I understand and agree to these policies. This contract is binding only when the Agreement is accepted, signed, and dated by the authorized official of the College at the College's principal place of business.
3. You will be given an exact copy of this Agreement and any disclosure pages you sign at orientation.
4. This 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 they 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. Students who are financial aid recipients and withdraw from all courses prior to earning 100% of their financial aid are subject to the Refund Policy. For details, go to [www.bsmcon.edu](http://www.bsmcon.edu), Current Students, Policies, ADM 5.01 Financial Refund Policy. Students who are terminated, expelled, or suspended from the College are not subject to a refund and must adhere to Title IV requirements.
9. Bon Secours Memorial College of Nursing 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](http://www.schev.edu)

**STUDENT ACKNOWLEDGMENTS:**

1. I hereby acknowledge I am required to access and 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](http://www.bsmcon.edu).
2. I understand that the College may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct as outlined in the College Catalog and abiding Title IX requirements. 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 a degree may be awarded.
3. 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.
4. I understand that complaints, which cannot be resolved by direct negotiation with the College in accordance with its written grievance policies, ADM 1.05: Appeal Process for Non-Academic Student Grievances and ACA 1.06: Appeal Process for Academic Grievances: Grade Appeal ([www.bsmcon.edu](http://www.bsmcon.edu)) may be filed with the Virginia Board of Nursing, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 300, Richmond, Virginia 23233. All student complaints must be submitted in writing.
5. I hereby authorize and consent to the taking of photographs, motion pictures, television, and/or sound recordings. These may be used for publication, catalog, and advertising for the College of Nursing.
6. I understand and agree that in the performance of my duties, I must hold medical information in confidence. Furthermore, I understand that intentional or involuntary violation of such confidentiality may result in punitive actions.

7. I hereby acknowledge I may be required to complete a criminal background check during the program as needed to meet clinical agency requirements. I also acknowledge that clinical agencies may deny an individual the opportunity to complete a clinical experience 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 BSN program does not guarantee employment.
8. 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).
9. 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.
10. 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. BSMH 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.

---

**ENROLLMENT AGREEMENT ACCEPTANCE**

I, the undersigned, have read and understand this Agreement. It is further understood and agreed that this 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 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 Agreement and recognize my legal responsibilities in regard to this contract.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Name

---

DO NOT WRITE BELOW THIS LINE

---

**REPRESENTATIVE’S CERTIFICATION:**

The Admissions and Progression Committee hereby certifies that \_\_\_\_\_ has been reviewed by the Committee and in the judgment of the Committee, meets all requirements for acceptance as a student in the Bachelor of Science Nursing Program at Bon Secours Memorial College of Nursing, as described in the College Catalog. The Committee further certifies that there have been no verbal or written agreements or promises other than those appearing on this Agreement.

\_\_\_\_\_  
Signature of College Official,  
Bon Secours Memorial College of Nursing

\_\_\_\_\_  
Date