



Monday, October 24, 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

NAME: _____

ADDRESS: _____

CITY, ST., ZIP _____

PHONE NUMBER: _____

PROGRAM INFORMATION

PROGRAM/DEGREE:	Bachelor of Science in Nursing
PROGRAM START DATE:	January 9, 2023
ANTICIPATED GRADUATION DATE:	May 22, 2025*
METHOD OF DELIVERY:	Program is blended (hybrid) including on-ground and online delivery
TOTAL PROGRAM CREDITS:	120 credits

**Some students may complete the program later.*

TUITION:

The total cost of the Bachelor of Science in Nursing Program:	
TUITION/FEES: (74 credits)	\$37,740
BOOKS/LEARNING RESOURCES:	<u>\$12,733</u>
TOTAL COST OF PROGRAM:	\$50,473* (Costs are subject to change.)

Figures are based on the academic year 2022-2023 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 for a full break-down of Cost of Attendance for the academic year.

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 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 August 24, 2022.

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 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, 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

STUDENT ACKNOWLEDGMENTS:

1. Based on the current information in your 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. 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. By signing below, I certify that I have been provided access to the institution's electronic or print catalog.
3. 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.
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 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) 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.
6. I agree to abide by the substance abuse policy. 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 Agreement will terminate program enrollment.
7. I hereby acknowledge I am required to obtain and document current CPR certification while attending Bon Secours Memorial College of Nursing. 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 a student at Bon Secours Memorial College of Nursing.

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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