

TUITION POLICY

Students are charged tuition for enrollment in Regional West Medical Center School of Radiologic Technology.

Responsibility: Program Director, Students
Standard: Tuition and Financial Aid

Regional West Medical Center School of Radiologic Technology charges tuition each term for attendance to the Program. Payment for each Program term is required. Students will not be allowed to enroll in or attend a subsequent term unless tuition accounts are up to date.

Each student shall return his or her completed Tuition Payment Agreement/Enrollment Contract before the beginning of the Program. The student will receive a copy of the completed plan with the Program Director's signature. The payment schedule identified on this agreement will continue throughout enrollment, unless the student makes a request in writing to the Program Director for a change and completes new signed payment plan.

Payment Plans

Three tuition payment options are available to all students.

Plan A - The single payment plan where the student may make one tuition payment for an entire year (two terms).

Plan B -The two payment plan requires half of the year's tuition (one term) be paid at the beginning of each Program term.

Plan C - The installment plan allows for monthly payments over 5 consecutive months of each Program term.

- First term payments will be due on or before the date identified on the school calendar for the months of October, November, December, January, and February.
- Second term payments will be due on or before the date identified on the school calendar for the months of March, April, May, June, and July. Pre-payments will be accepted.

A student will make payments to the Central Billing Cash Office. No payments will be accepted by the Program Director. The student should request a receipt for each payment made to the Cash Office. After the payment is made, the student must present a copy of the receipt to the Program Director to assure the payment is recorded.

A student should notify the Program Director if unable to make a tuition payment on the specified due date.

Payments are to be made on time as specified by the student's signed agreement. A student who is not paying according to his or her agreement will be counseled. Students who are not meeting their financial obligations will not be allowed to enroll in the next term.

A student failing to complete tuition payments before graduation will not have grades released or their degree issued until the balance of tuition and/or fees are paid.

The University of Nebraska – Kearney, Chadron State College, Western Nebraska Community College, Eastern Wyoming College, or any other institution's tuition and fees are separate charges and must be handled through that institution's business offices.

The charges for tuition and fees are subject to change without prior notification.

Veteran Benefits

Any individual covered under chapter 31 or 33 of the GI Bill will be permitted to attend or participate in the course of education during the period beginning on the date on which the individual provides to the program a certificate of eligibility (COE) for entitlement to educational assistance under chapter 31 or 33 of the GI Bill and ending on the earlier of the following dates:

1. The date on which payment from the VA is made to the institution.
2. 90 days after the date the institution certified tuition and fees following the receipt of the COE

Regional West Medical Center School of Radiologic Technology will not impose any penalty including the assessment of late fees; the denial of access to classes, libraries, or other institutional facilities; or the requirement that a covered individual borrow additional funds on any covered individual because of the individual's inability to meet his or her financial obligations to the institution due to the delayed disbursement of funding from the Department of Veterans Affairs under chapter 31 or 33.

Refunds

Full tuition refunds will be made for the term if the student withdraws or discontinues the Program within two weeks after the beginning of the term for any tuition payments made by the student during this time interval. No tuition refunds will be made if the student discontinues the Program any time after two weeks from the beginning of the term.

The two week time period is determined based on the official beginning of the term as stated by the Program and the last day of attendance of the student. The Program shall mail all refunds due within sixty (60) days following the student's drop date.

No refunds will be made for purchased books and supplies.

Withdrawals/Dismissals

A student who withdraws or is dismissed from the Program has no obligations for further tuition payments to Regional West Medical Center School of Radiologic Technology. However transcripts will not be released for any term completed until tuition for that term is paid.

While the Program does not provide any direct Federal or State financial aid to a student enrolled in the Program, the student who receives Federal or State financial aid as a result of co-enrollment with another academic institution will be subject to the student refund procedure requirements of the Higher Education Reauthorization Act of 1998. Details regarding this requirement are available at the University of Nebraska-Kearney, Chadron State College, Western Nebraska Community College, or Eastern Wyoming College Financial Aid Offices.

A student who withdraws or is dismissed should be aware he or she may have to repay all or a portion of any federal or state financial aid he or she has received.

A student returning to Program after a medical or pregnancy leave will pay tuition only for the portion of the Program where tuition has not been previously collected during the two years of the Program.

Record Keeping

The Program will maintain a financial record of tuition expenses and payments made to Regional West Medical Center School of Radiologic Technology for each student while enrolled in the Program.

This record will remain in the student's file for a minimum of 5 years after graduation or leaving the Program.

Signature
Stephanie Cannon, MSRS, RT(R)(ARRT)
Program Director

Signature
Joshua Lively, MHA, BSRT(R), RT (R)(VI)(ARRT)
Director of Imaging Services

Reviewed: 3/28/00, 7/5/07, 9/24/09, 5/26/11, 3/15/12, 1/29/16, 1/13/17, 1/12/18, 4/2/20, 1/20/21
Revised: 6/18/98, 12/27/99, 3/7/00, 4/18/00, 8/18/00, 76/26/01, 12/21/01, 3/26/03, 5/31/04, 4/6/05, 5/26/11, 3/15/12, 3/7/13, 2/7/14, 1/30/15, 1/17/19, 6/18/19

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY
PLAN B TUITION PAYMENT AGREEMENT AND ENROLLMENT CONTRACT

I acknowledge that I have received a copy of the handbook for Regional West Medical Center School of Radiologic Technology.

I agree to pay my tuition and fees to Regional West Medical Center School of Radiologic Technology in two payments for the Program year August 20__ to August 20__. The first payment for the Program term of August 20__ to February 20__ will be made on or before November 1, 20__, and the second payment for the Program term of February 20__ to August 20__ will be made on or before May 1, 20__ .

In addition, I agree to pay my tuition and fees to Regional West Medical Center School of Radiologic Technology in two payments for the Program year of August 20__ to August 20__. The first payment for the Program term of August 20__ to February 20__ will be made on or before November 1, 20__, and the second payment for the program term of February 20__ to August 20__ will be made on or before May 1, 20__ .

I understand that Western Nebraska Community College, University of Nebraska-Kearney, Chadron State College, Eastern Wyoming College, or any other institution's tuition and fees are not included in Regional West Medical Center's tuition and fees, and I have responsibility to pay these monies directly to the respective institution.

I understand a full tuition refund for a term will be made if I withdraw or am discontinued from the Program within two weeks after the beginning of that term. No tuition refunds for a term will be made if I withdraw or am discontinued from the Program at any time after two weeks from the beginning of that term. Refunds are to be determined from the beginning of the term as stated by the Program and the last day of attendance of the student. The Program shall make all refunds due within sixty (60) days following a student's drop date. I acknowledge that no refunds will be made for purchased books and supplies.

I understand payments are to be made on time as specified by this agreement. If I fail to make payments on time I will not be allowed to enroll in the next term and may be subject to the Corrective Action Policy. I acknowledge that my final grades or my Associate's Degree will not be issued until the balance of tuition and fees are paid to the Program.

If I withdraw or am dismissed from the Program I have no obligations for further tuition payments to Regional West Medical Center School of Radiologic Technology. However I understand transcripts will not be released for any term completed until tuition for that term is paid.

I also acknowledge that if I wish to change my payment plan, I must complete a new Tuition Payment Agreement and Enrollment Contract and submit it to the program director.

Student Name

Student Signature

Date

Program Director's Signature

Date

REGIONAL WEST MEDICAL CENTER
SCHOOL OF RADIOLOGIC TECHNOLOGY
POLICY 722.8.03.05
06/18/97

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY
PLAN C TUITION PAYMENT AGREEMENT AND ENROLLMENT CONTRACT

I acknowledge that I have received a copy of the handbook for Regional West Medical Center School of Radiologic Technology.

I agree to pay my tuition and fees to Regional West Medical Center School of Radiologic Technology in ten installments of one-tenth of the tuition and fees charged for the program year of August 20____, to August 20____. These payments will be due on or before the date identified on the school calendar for ten consecutive months starting _____ for the first year.
Month Year

In addition, I agree to pay my tuition to Regional West Medical Center School of Radiologic Technology in ten installments of one-tenth of the tuition and fees charged for the program year of August 20____ to August 20____. These payments will be due on or before the date identified on the school calendar for ten consecutive months starting _____ for the second year.
Month Year

I understand that Western Nebraska Community College, University of Nebraska-Kearney, Chadron State College, Eastern Wyoming College, or any other institution's tuition and fees are not included in Regional West Medical Center's tuition and fees, and I have responsibility to pay these monies directly to the respective institution.

I understand a full tuition refund for a term will be made if I withdraw or am discontinued from the program within two weeks after the beginning of that term. No tuition refunds for a term will be made if I withdraw or am discontinued from the program at any time after two weeks from the beginning of that term. Refunds are to be determined from the beginning of the term as stated by the program and the last day of attendance of the student. The program shall make all refunds due within sixty (60) days following a student's drop date. I acknowledge that no refunds will be made for purchased books and supplies.

I understand payments are to be made on time as specified by this agreement. If I fail to make payments on time I will not be allowed to enroll in the next term and may be subject to the Corrective Action Policy. I acknowledge that my final grades or my Associate's Degree will not be issued until the balance of tuition and fees are paid to the Program.

If I withdraw or am dismissed from the program I have no obligations for further tuition payments to Regional West Medical Center School of Radiologic Technology. However, I understand transcripts will not be released for any term completed until tuition for that term is paid.

I also acknowledge that if I wish to change my payment plan, I must complete a new Tuition Payment Agreement and Enrollment Contract and submit it to the program director.

Student Name

Student Signature

Date

Program Director's Signature
Copy 1 for program director

Copy 2 for student

Date

Revised 1/20/21