

**Student Enrollment Agreement**  
RADIOLOGICAL TECHNOLOGIES UNIVERSITY VT (RTU)

100 E Wayne St. Suite 140  
South Bend, IN 46601  
574-232-2408

THIS AGREEMENT, TOGETHER WITH THE ACADEMIC CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND THE UNIVERSITY UPON ACCEPTANCE BY THE UNIVERSITY.

Name	Home Phone:
Street Address	Mobile Phone:
City, State, Zip Code	Parent/Guardian (if student is under 18)
SSN: XXX-XX-____	Gender:
DOB: MM/DD/YYYY	

**PROGRAM INFORMATION**

Program:	Master of Science in Medical Dosimetry
Credits required for completion:	45
Transfer Credits:	0
Minimum time required	Two Years
Class Schedule	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Location	<input type="checkbox"/> On campus <input checked="" type="checkbox"/> Hybrid
Anticipated Hours per week	20
Start Date	MM/DD/YYYY
Anticipated Completion Date	MM/DD/YYYY (or sooner, based on plan of study and clinical hour completion)

Student understands that the Medical Dosimetry program requires one week of attendance at boot camps each semester. There are a total of 4 semesters required to graduate at a full-time status. The student is required to attend 4 boot camp sessions in total (if student does not complete program in four semesters, additional boot camps may be required). The student will be required to attend all boot camps at his or her own cost. No additional tuition is required for boot camp. Students are expected to pay for their own lodging and travel expenses.

Class attendance during boot camp week is 8am to 10pm. Attendance outside of boot camp week includes weekly lesson plans involving assignments, lectures you may watch any day and time you wish, and live weekly discussions scheduled in the evenings you must attend.

Credential for satisfactory completion: Master of Science in Medical Dosimetry

**Program Fees:**

Total program	\$35,000.00
Per semester	Refer to plan of study
Per credit	\$777.78
Textbooks	Textbooks are the responsibility of the student unless otherwise noted
Boot camps	Costs associated with for attending boot camp sessions are the sole responsibility of the student.
IT Service Fee	\$30.00 per semester (non-refundable)
Library Fee	\$20.00 per semester (non-refundable)
Total Expected Fees (4 terms)	\$35,200.00

## **STUDENT SERVICES**

Faculty and staff work along with the individual student (as much as possible) to aid in making the duration of the program comfortable. All resources that are available to us are utilized to the fullest to assist the student in attaining his/her career goal.

### **Orientation**

A new student will receive online orientation including computer hardware and software requirements, resources available for successful completion of program requirements, as well as policies and procedures prior to the start of a program. Completions of administrative matters are also taken care of at this time. Each student will receive a written course outline no later than the first day of class.

### **Books and Supplies**

Course material and resources will be provided to the students online. Required textbooks are to be obtained by the student. RTU does not have a bookstore where books and supplies may be purchased. RTU provides a textbook listing by program which provides textbook information including ISBN-13 and price. The textbook listing is available on the public website at [www.rtuvt.edu](http://www.rtuvt.edu), through the course management system, and by request to the Director of Administrative Services.

## **CANCELLATION POLICY**

Cancellation of this agreement can happen at any time with written notice to either party. The student is required to pay all fees due to RTU. If you wish to cancel your enrollment agreement, you must submit written notice to the administrator in person, by certified mail, or electronic mail. The agreement can also be cancelled by termination. The cancellation will be in effect the date the notice is received. Please submit the notice of cancellation to:

Radiological Technologies University VT  
Attn: Betsy Datema  
100 E. Wayne Street, Ste. 140  
South Bend, IN 46601

## **REFUND POLICY**

The University shall pay a refund to the student in the amount calculated under the refund policy specified in this section. The University must make the proper refund no later than thirty-one (31) days of the student's request for cancellation or withdrawal. The following refund policy applies:

- 1) A student is entitled to a full refund if one (1) or more of the following criteria are met:
  - A. The student cancels the enrollment agreement or enrollment application within six (6) business days after signing.
  - B. The student does not meet the postsecondary proprietary educational institution's minimum admission requirements.
  - C. The student's enrollment was procured as a result of a misrepresentation in the written materials utilized by the postsecondary proprietary educational institution.
  - D. If the student has not visited the postsecondary educational institution prior to enrollment and, upon touring the institution or attending the regularly scheduled orientation/classes, the student withdrew from the program within three (3) days.
- 2) A student withdrawing from an instructional program, after starting the instructional program at a postsecondary proprietary institution and attending one (1) week or less, is entitled to a refund of ninety percent (90%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
- 3) A student withdrawing from an instructional program, after attending more than one (1) week but equal to or less than twenty-five percent (25%) of the duration of the instructional program, is entitled to a refund of seventy-five percent (75%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).



## ACADEMIC CATALOG ACKNOWLEDGEMENT

All signers have received and read a copy of the Academic Catalog along with this enrollment agreement and certify that they understand and agree to the policies published in the Academic Catalog.

All signers further certify they have had the opportunity to have any questions regarding the Academic Catalog addressed prior to signing the enrollment agreement.

All signers acknowledge the availability of the Academic Catalog on RTU's website located at [www.rtuvt.edu](http://www.rtuvt.edu). The Academic Catalog can also be requested via email to [info@rtuvt.edu](mailto:info@rtuvt.edu).

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Applicant Signature

Date

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Parent/Guardian Signature (if student is under 18)

Date

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RTU-VT Administrator Signature

Date

**TERMS OF PAYMENT**

Federal Student Loans

Private Student Loans

Tuition paid according to a payment plan

<b>Payment schedule</b>	Per credit
<b>Rate for core and elective program courses</b>	\$777.78 per credit \$333.00 per credit (cont. education)
<b>Payment period</b>	Equal monthly payment to be determined
<b>Annual Percentage Rate</b>	0%

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED The dollar amount provided to you or on your behalf.	TOTAL OF PAYMENT The amount you will have paid after you have made all payments as scheduled	TOTAL SALES PRICE The total cost of your purchase on credit including your down payment of
0%	0.00	0.00	\$35,200.00	

Your payment schedule will be:

Number of Payments	Amount of each payment	Payment due (circle one)
		1 <sup>st</sup> of the month 15 <sup>th</sup> of the month 25 <sup>th</sup> of the month

All prices for program are printed herein. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs. Contracts are not sold to a third party at any time. Cost of class is included in the price cost for the goods and services.

**Payment Detail Information**

Please select your preferred method of payment. *If you plan to pay with a check, please also include a debit/credit card number to serve as a guarantee and to allow RTU to collect payment based on amounts and due dates listed above if payment is not received from you by the due dates listed.*

If/when debit/credit card information entered below expires, you are obligated to inform RTU of the update.

I choose to pay with:

Check

Credit/Debit Card No. \_\_\_\_\_

Exp. \_\_\_\_\_

Student Initials \_\_\_\_\_

By signing below, I accept responsibility for the financial obligation stated above. I promise to pay the above stated amounts to the order of Radiological Technologies University-VT ("RTU") on or before the due dates listed above. I agree that this Financial Obligation Contract is a promissory note governed by and enforceable under the laws of the State of Indiana, without regard to principles of conflicts of law. If payment is not received by the due date, RTU is authorized to charge my credit card/debit card for the amount stated on the due date stated above. Further, I agree, subject only to any limitation imposed by applicable law, to pay all expenses incurred by RTU in collecting any amounts payable hereunder which are not paid when due, including reasonable attorneys' and paralegals' fees and expenses and court costs.

I waive demand, presentment for payment, notice of dishonor, notice of nonpayment, protest, notice of protest and diligence by RTU in collection and bringing suit on this financial obligation and all benefits of homestead, valuation and appraisal laws and expressly agree that RTU may renew, extend or otherwise modify this Enrollment Agreement from time to time without notice with full reservation of RTU's rights. Any such renewal, extension or modification shall not release me from any liability under this Enrollment Agreement.

**I AGREE THAT RTU'S ACCEPTANCE OF LATE OR PARTIAL PAYMENTS, EXCUSE OF ANY DEFAULT, OR DELAY IN ENFORCEMENT OF ANY RIGHT SHALL NOT ESTABLISH A CUSTOM OR COURSE OF CONDUCT AS TO ANY WAIVER OF RTU'S RIGHTS AND REMEDIES. NO WAIVER BY RTU SHALL BE EFFECTIVE UNLESS IN WRITING.**

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Student Signature Date

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Parent/Guardian Signature (if student is under 18) Date

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RTU-VT Administrator Signature Date

## Curriculum Plan: MS level program in Medical Dosimetry

### **Core Courses (39 credits required)**

MD502	Radiation Biology	(3 credits)
MD505	Radiation Oncology I	(3 credits)
MD506	Radiation Oncology II	(3 credits)
MHP607	Radiation Oncology Department Management	(2 credits)
MHP609	Radiation Oncology Financials	(2 credits)
MHP510	Health Physics & Radiation Safety	(3 credits)
MP520	Computer Systems in Medicine	(2 credits)
MP590	Medical & Professional Ethics	(1 credit)
MATH401	Mathematical Methods	(3 credits)
MP599	Seminars <sup>A</sup>	(1 credit)
MD588	Clinical Treatment Planning I	(2 credits)
MD590	Clinical Treatment Planning II	(3 credits)
MD688	Clinical Treatment Planning III	(3 credits)
MD690	Clinical Treatment Planning IV	(3 credits)
MD699	Clinical Internship	(4 credits)

### **Elective Courses (6 credits required)**

MD611	Brachytherapy	(3 credits)
MD501	Radiation Dosimetry	(4 credits)
MD503	Diagnostic Radiology	(3 credits)
MD504	Nuclear Medicine	(3 credits)
MD613	Nuclear Oncology	(3 credits)
MD615	Proton Therapy	(2 credits)
MD698	Independent Study in Medical Dosimetry	(1-4 credits)
MD610	Education and Practicum I <sup>B</sup>	(2 credits)
MD611	Education and Practicum II <sup>B</sup>	(3 credits)
MD612	Education and Practicum III <sup>B</sup>	(3 credits)
MD613	Education and Practicum IV <sup>B</sup>	(3 credits)

<sup>A</sup>Required two of the four semesters for a total of two (2) credits

<sup>B</sup>Certified Medical Dosimetrists may take this course in lieu of the corresponding Clinical Treatment Planning core courses I-IV (MD588, MD590, MD688, MD690)

### Plan of Study

Spring 20XX	
Clinical Treatment Planning I	2cr
Seminars	1cr
Radiation Oncology I	3cr
Radiation Biology	3cr
Radiation Oncology Financials	2cr
<b>Tuition and Fees: \$8,605.58</b>	<b>11cr</b>

Summer 20XX	
Clinical Treatment Planning II	3cr
Radiation Oncology II	3cr
Diagnostic Radiology	3cr
Computer Systems in Medicine	2cr
<i>Work on clinical internship</i>	
<b>Tuition and Fees: \$8,605.58</b>	<b>11cr</b>

Fall 20XX	
Clinical Treatment Planning III	3cr
Mathematical Methods	3cr
Health Physics/Radiation Safety	3cr
Medical & Professional Ethics	1cr
<i>Work on clinical internship</i>	
<b>Tuition and Fees: \$7,827.80</b>	<b>10cr</b>

Spring 20XX	
Clinical Treatment Planning IV	3cr
Seminars	1cr
Brachytherapy	3cr
Radiation Oncology Dept. Mgmt.	2cr
Clinical Internship	4cr
<b>Tuition and Fees: \$10,161.14</b>	<b>13cr</b>

Student Initials \_\_\_\_\_