REGIS UNIVERSITY
Enrollment Services

Student Accounts

3333 Regis Blvd., A-8 | Denver, CO 80221-1099 | 303.458.4126 | 800.568.8932 | Fax: 303.964.5449 | enrolsvc@regis.edu

Regis Payment Option - Doctor of Physical Therapy

Tuition Due Dates	RPO First Payment Due Dates
Summer - May 1	Summer 4-payment - May 1
Fall - August 1	Fall 4-payment - August 1
Spring - January 1	Spring 5-payment - December 1
	Spring 4-payment - January 1

A SEPARATE RPO NEEDS TO BE SUBMITTED FOR EACH SEMESTER.

The Regis Payment Option (RPO) is a convenient interest-free monthly payment plan for students registered for semester-based courses. The Regis Payment Option spreads the semester tuition and fees over 4 monthly payments. A payment plan is established as soon as we receive a completed and signed application form with the first payment or authorization to charge your credit card. A $50 non-refundable application fee is due with your first payment.

MONTHLY PAYMENT OPTIONS

1. **Automatic**: To use the automatic credit card deduction, fill out the information on the following page and check the **Yes** box after *Automatic Monthly Credit Card Deduction*. (If your credit card is declined, you will be considered past due and assessed a late fee.)

2. **Online:** Monthly payments can be made through WebAdvisor.

- Log into WebAdvisor
- Click on Students
- Select Make A Payment
- Select Pay On My Regis Payment Option.

3. **Mail or Fax:** Use the statement you received in the mail and fax your payment information to 303-964-5449 or mail checks to the address provided. Regis does not accept post-dated checks. Payments must be made in U.S. funds.

Late payments and returned checks: Upon acceptance into the plan, the student will receive a statement with payment amounts and due dates. Loss or delayed receipt of the statement does not relieve the obligation to pay on time. If you do not receive an itemized statement as scheduled, call 303-458-4126 or 1-800-568-8932. If the monthly payment is not received by the plan due date, a $15 late-payment fee will be assessed and the account will be considered in default. There is a $31 charge for checks returned due to insufficient funds.

Plan Default: If payment is not received by the plan due date, the account will be considered in default. Future registration is restricted until any past due financial obligation is paid. If this agreement remains in default, it may be referred to a collection agency. All collection costs and fees are to be paid by the student, including attorney fees, court costs, and any other related costs. Students may view their current statement and amount due by logging into WebAdvisor (see **Online** payments).

Transcripts/Registration: Official transcripts will not be released until the entire plan amount and student account balance are paid in full.

2013-2014 Tuition and Fees Schedule for the Doctor of Physical Therapy Degree

Please note the fees/charges listed are per semester for 2013-2014 and are subject to change without notice.

Doctor of Physical Therapy (per credit hour)	$765
Lab Fee (per year)	$400
Insurance (per semester)	$1,027

Payments may be mailed to:
Regis Payment Option
Regis University
3333 Regis Boulevard A-8
Denver, CO 80221-1099

REGIS PAYMENT OPTION (RPO) APPLICATION 2013-2014 DPT STUDENTS

Student Name _____ Student ID# _____
(First, Last)

Billing Address _____
Street City State Zip Code

Daytime Phone _____ Evening Phone _____ E-Mail _____

Payment Schedule:

☐ Summer 4-payment - May 1
☐ Fall 4-payment - August 1
☐ Spring 5-payment - December 1
☐ Spring 4-payment - January 1

Payments are due the first day of the month.

A SEPARATE RPO APPLICATION MUST BE SUBMITTED FOR EACH SEMESTER.

Check # _____ Check Amount $_____
Credit Card: ☐ Master Card ☐ Visa ☐ American Express ☐ Discover
Automatic Monthly Credit Card Deduction? ☐ Yes ☐ No
****If neither box is selected, Automatic Monthly Deductions will be applied.****

Name of Account Holder _____

Card Holder Address _____

_____

Account Number _____ Exp. Date _____ CSV# _____

Cardholder Signature _____
Failure to provided signature will result in a delay in processing Regis Payment Option.
(Please call to update your credit card information if it changes during the semester.)

RPO Enrollment

Please complete the following steps to enroll in the Regis Payment Option.

1. On the Budget Worksheet, list your semester expenses based on the 2013-2014 Tuition and Fees Schedule on the reverse.
2. Enter your semester deductions. Use any confirmed financial aid awards provided in your Award Letter, excluding Student Employment. Please do not include "Estimated" or "Recommended" financial aid awards in this calculation. **Be sure to subtract any loan origination fees withheld by your lender.**
3. Subtract your Total Deductions from your Total Expenses and enter the amount on the Balance Due line.
4. Enter the number of monthly payments for your plan (4 or 5 each semester) and calculate your monthly payment.
5. **Sign the RPO Application.** Mail the application, fee, and monthly payment(s) due to: Regis Payment Option, Regis University, 3333 Regis Blvd., A-8, Denver, CO 80221-1099. If you are paying by credit card or online, you may fax this application to 303-964-5449 to expedite your RPO application and payment.

For information about Health Insurance, contact Student Life at 303-458-3558. To waive health insurance prior to submitting your RPO application please go to www.aetnastudenthealth.com.

Budget Worksheet

EXPENSES (per semester):	
Tuition and Fees	$ _____
Insurance	$ _____
Other Fee(s)	$ _____
Total Expenses	**$** _____
DEDUCTIONS:	
Guaranteed Financial Aid (*after deducting origination and default fees*)	$ _____
Deposits Paid	$ _____
Other Payments	$ _____
Total Deductions	**$** _____
BALANCE DUE	$ _____

_____ / _____ = $_____
Balance Due divided by # of payments Your monthly payment

Application Fee + $50.00

TOTAL DUE WITH APPLICATION $ _____
All payments are due on the first of the month.

My signature below acknowledges that I have read and agree to the RPO terms and conditions and that I agree with the payments listed above, including necessary adjustments. By signing this agreement it is understood that any and all changes to my student account (such as additional lab fees, room assignment change, meal plan, calculation corrections, etc.) will be reflected in a payment schedule increase or decrease. Revised payments will be effective immediately from the date of change.

_____ _____
Student's Signature Date