



**HODGES**  
UNIVERSITY

*Stay Near. Go Far.*

# Registration Terms and Conditions

---

Version 5.043023

---

# Table of Contents

Charges .....	2
Tuition .....	2
Fees and Charges .....	4
Discounts .....	5
UPOWER™ .....	7
Academic Requirements .....	7
Course Syllabus .....	7
UPOWER™ .....	7
UPOWER™ Digital Design and Graphics Program .....	9
Self-Paced Learning .....	9
Vaccinations .....	10
Physical Therapist Assistant Program .....	10
Nursing (BSN and PN) Program .....	10
Clinical Mental Health Program .....	11
Health Science Labs .....	12
Dental Hygiene (BSDH) Program .....	13
Student Internships .....	14
Withdrawal .....	15
Financial Arrangements .....	15
Payment Arrangements .....	15
Late Fees .....	16
Disputes .....	16
Collections .....	17
Credit Balances .....	17
Financial Aid .....	17
Scholarships .....	17
Registration .....	18
Communications .....	19
Student Work .....	19
Student Rights and Responsibilities .....	19
Course Materials .....	20
Student Orientation .....	20
Student ID Cards .....	20
Academic Honesty .....	21
Drug/Substance Abuse Prevention .....	21
International Students .....	21
Veteran Students .....	22
Nondiscrimination .....	22
Campus Security .....	22
Legal .....	23
Documents .....	23
Acknowledgement .....	23

## Charges

I understand and acknowledge that Hodges University reserves the right to modify its tuition and fees; to add to or withdraw members from its faculty and staff; to rearrange or retitle its programs from time to time as teaching policies make it desirable; and to withdraw subjects, courses and programs if registration falls below the required number in the University's sole discretion. I understand and acknowledge that my charges will be calculated based on the current tuition and fee schedule that is listed below.

## Tuition

Type	Charge
<b>Standard Tuition</b>	
Undergraduate Base Tuition (UG) for all Credit Hour Courses	\$595 per credit hour
Graduate Base Tuition (GR) for all Credit Hour Courses	\$830 per credit hour
English as a Second Language (ESL) Program	\$295 per credit hour
IEP-0002 and ENI-0400 courses	\$335 per credit hour
<b>Cohort-based Program Tuition*</b>	
BSDH Core Program	\$17,200 per session
BSN Core Program	\$17,200 per session
CMHC Program	\$9,271.43 per session
EMT Program	\$4,615
Foundations of Dental Assisting Program	\$1,199
MAcc Program	\$9,966.67 per session
Paramedic Program	\$10,166.67 per session
PTA Core Program	\$11,383.33 per session
UPOWER™ Undergraduate Program Subscription**	\$3,000 per six months
UPOWER™ Graduate Program Subscription**	\$3,500 per six months

\* The Cohort-based program tuition listed above is effective for all cohorts beginning July 1, 2023 and later. Previous cohorts will maintain their cohort pricing as long as students remain continuously enrolled in the cohort. See below for what is included in the cohort-based program tuition. Students may not opt-out of included items.

\*\* These programs are not accepting new enrollments.

### BSDH Core Program Tuition

The cohort pricing for the BSDH core program includes tuition, textbook/resource fees, student services fees, program fees, three sets of uniforms, school-provided dental instruments, required lab supplies, liability insurance, and lab fees. The cohort pricing does not include application fees, graduation fees, background check fees (annual Level II with fingerprints and 10 panel drug screen), required vaccines, health insurance, stethoscope and sphygmomanometer, dental loupes, required annual physical exams, or the state exam fees.

**BSN Core Program Tuition**

The cohort pricing for the BSN core program includes tuition, textbook/resource fees, ATI Complete (course prep material and NCLEX-RN preparation), student services fees, program fees, two sets of uniforms (two tops, two pants, and 1 lab coat), stethoscope, required lab supplies, liability insurance for clinical placements, and lab fees. The cohort pricing does not include application fees, graduation fees, background check fees (annual Level II with fingerprints and 10 panel drug screen), required vaccines, health insurance, required annual physical exams, or the NCLEX-RN exam fee.

**CMHC Program Tuition**

The cohort pricing for the CMHC program includes tuition, program fees, textbooks/resource fees, student service fees, and the software fee for MHS 6800. The cohort pricing does not include application fees, graduation fees, background check fees, professional liability insurance, or health insurance.

**EMT Program Tuition**

The cohort pricing for the EMT program includes tuition and 2 EMT uniform T-shirts. The cohort pricing does not include program deposit, BLS for healthcare providers, resource fees, criminal background check fees, or NREMT exam fee.

**Foundations of Dental Assisting Program Tuition**

The cohort pricing for the Foundations of Dental Assisting program includes tuition BLS for healthcare providers, textbook, and all supplies needed for the program.

**MAcc Program Tuition**

The cohort pricing for the MAcc core program includes tuition, program fees, textbook/resource fees, student services fees, and the Becker Review Test Prep. The cohort pricing does not include application fees, graduation fees, any CPA exam fees or all other licensure fees.

**Paramedic Program Tuition**

The cohort pricing for the Paramedic certificate program includes tuition, program fees, textbook/resource fees, student services fees, and lab fees. The cohort pricing does not include application fees, graduation fees, background check fees, required vaccines, health insurance, required annual physical exams, or all other licensure fees.

**PTA Core Program Tuition**

The cohort pricing for the PTA core program includes tuition, textbook/resource fees, program fees, student service fees, required lab supplies, and lab fees. The cohort pricing does not include application fees, graduation fees, uniforms, licensure fees, NPTE (National Physical Therapy exam) or prep-course, background check fees (annual Level II with fingerprints and 10 panel drug screen), required vaccines, health insurance, required annual physical exams.

## Fees and Charges

Type	Charge
Undergraduate Application Fee	\$20
Graduate Application Fee	\$50
Challenge Exam Testing Fee	\$100
Challenge Exam (awarding of credit)	\$100 per credit hour
Diploma Mailing Fee	\$15
DDG Class with Design Lab	\$250
Emergency Medical Technician (EMT) Program Deposit	\$100
Foundations of Dental Assisting Program Deposit	\$100
Graduation Fee - Certificate*	\$25
Graduation Fee - Undergraduate Program	\$50
Graduation Fee - Graduate Program	\$100
Late Intent to Graduate Fee	\$25
Late Registration Fee	\$25
Late Payment Fee	\$10
Official Paper Transcript Fee	\$10
Official PDF Transcript Fee	\$5
Payment Plan Fee	\$75
Proctoring for outside agencies/colleges	\$50
Reentry Fee (for students returning after more than 365 days of nonattendance)	\$20
Resource Fee	varies per course
Return Check Fee	\$50
Science Course Fee (applicable to all science courses with no labs)	\$250
Science Course Lab Fee (applicable to all science courses with labs)	\$400
Student ID Card Replacement Fee	\$5
Student Services Fee	\$250
Technology Fee (per course)	\$40
Withdrawal Fee	\$100
Workforce Course Fee	varies per course
<b>Certification Fee</b>	
CGS-2515 MCAS Exam	\$80
CET-2026 CCNA	\$165
CET-2610 CCNA	\$165
CNT-4409 Security+	\$215
CTS-1138 A+ Lab/Certification Prep	\$195
CTS-2134 CompTIA Network+ Certification Prep	\$160
CTS-2353 MCP (70-741)	\$125
CTS-2354 MCP (70-740)	\$125

CTS-2358 MCP (70-742)	\$165
CTS-4116 Linux+	\$165
HU Blended BLS Course	\$95
<b>Liability Insurance Fee</b>	
EMS-2664 Paramedic Clinical I	\$40
EMS-2661 Paramedic Field Internship	\$40
PHT-2800 Clinical Internship I	\$40
PHT-2810 Clinical Internship II	\$40

All fees and charges are non-refundable

## Discounts

Qualifying students for any of the following tuition discounts will only be eligible to receive one type of discount per session. Students should refer to details and eligibility requirements below.

### Active Duty Military Discount – \$250.00 per credit hour

- Available to any eligible degree-seeking undergraduate or graduate student considered to be an Active Duty Title 10 Service Member or Active Guard and Reserve (AGR) Member.
  - Active Duty Title 10 Service Member: Full-time members of a military branch (Air Force, Army, Coast Guard, Marines, or Navy).
  - Active Guard and Reserve (AGR): Full-time members of the National Guard or Reserve who support the National Guard and Reserves, even when the units are not mobilized. They are on Title 32 Active Duty orders. AGRs are transferred from Title 32 Active Duty status to Title 10 Active Duty status when federally mobilized.
- In order to receive this discount, students must submit the Active Duty Affidavit of Support Form within 30 days of the start of each session and provide a current copy of orders. The discount will not be applied to the student’s account until all required documentation is complete and submitted to the Office of Student Accounts. It is the student’s responsibility to request this discount.

### CareerSource Discount – \$100.00 per credit hour

- Available to students who are enrolled in a current session and are receiving financial assistance from CareerSource for their educational expenses.
- In order to receive this discount, the student will need to submit documentation provided by CareerSource confirming that CareerSource will be paying for a portion (if not all) of a student’s current session tuition/fees. The discount will not be applied to the student’s account until all required documentation is complete and submitted to the Office of Student Accounts. It is the student’s responsibility to request this discount.

### **Employer/Corporate Partner Discount – 20% per credit hour**

- Available to students who are enrolled in a current session and are employed by one of Hodges University's Employer/Corporate Partners.
- In order to receive this discount, the student will need to submit the Employer Partner Affidavit of Support and a copy of their current paystub (no older than one month) within 30 days of the start of each session. The discount will not be applied to the student's account until all required documentation is complete and submitted to the Office of Student Accounts. It is the student's responsibility to request this discount.

### **Hodges University Graduate (HUGS) Discount – \$100.00 per credit hour**

- Available to students who are enrolled in a current session and have completed a Bachelor's Degree at Hodges University and are now completing their first Master's Degree with Hodges University.
- This discount will be automatically applied to the student's account after tuition/fee assessment. Students' eligibility will be monitored internally by the Office of Student Accounts and the Office of the Registrar.

### **Veteran Discount – \$100.00 per credit hour / \$2.00 per clock hour**

- Available to degree-seeking undergraduate or graduate honorably discharged veterans, as defined below, who are not eligible for any Department of Veterans Affairs education benefits.
- Veterans are those who have served, but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during WWII, not to include initial entry training. People who served in the National Guard or Reserves are classified as Veterans only if they were ever called or ordered to active duty for at least 1 day under title 10 U.S.C., or 30 days under title 32 U.S.C., not to include initial entry training or annual training.
- In order to receive this discount, the student will need to submit the Veteran Affidavit of Support Form and a copy of their DD-214 or NGB 22 reflecting a disposition of service as "Honorable" within 30 days of the start of the session. The discount will not be applied to the student's account until all documentation is completed and submitted to the Office of Student Accounts or Veterans Services. It is the student's responsibility to request this discount.

**Note:** English as a Second Language (ESL) program and all cohort-based programs (BSN, PTA, MAcc, PN, Paramedic, BSDH, and CMHC) are ineligible for all discounts EXCEPT the Active Duty Military or the Veteran Discount.

## **UPOWER™**

If I am enrolled in a UPOWER™ program, I understand I will be assessed a flat tuition rate for a six-month subscription to the program and the subscription includes all student service and online fees. I understand I am required to purchase textbooks/e-textbooks/resources required for UPOWER™ courses, and I am required to complete an interview with the program chair or designee to discuss policies, procedures, course sequencing, and general education courses offered.

## **Academic Requirements**

### **Course Syllabus**

I understand that each of my courses has a course syllabus that will be distributed to me as part of the materials provided by my instructor. I understand that this syllabus outlines the learning objectives for the course, the materials required, attendance requirements, and any other expectations required for successful completion of that course. I understand that my academic success, including the awarding of any credit for course completion, requires adherence to the specifications outlined in the course syllabus.

## **UPOWER™**

I understand I will be required to register for eight (8) credits per subscription period for the purposes of establishing financial aid eligibility, but I may complete as many courses and credits as I can in a subscription period.

I understand the University's honors list process does not apply to students enrolled in UPOWER™ programs; however, graduation with honors will be applied to the student record during conferral of the degree.

I understand students enrolled in a UPOWER™ program are bound by the University's satisfactory academic progress policies and procedures as described in the University Catalog and/or University Student Handbook and I must complete at least one course in a subscription period in order to be eligible to register for the next subscription. If no grades are earned at the end of a subscription period, I understand and acknowledge I will earn an F for all courses not completed in a timely manner.

As a UPOWER™ student, I understand that I am responsible for reviewing the Financial Aid Requirements outlined in the University Catalog and that I should print a copy for my records. I also attest that I have completed an interview with my program chair and have been advised that:

- The UPOWER™ format is a 100 percent online delivery format.
- UPOWER™ courses are delivered via Canvas.
- I must have a high-speed Internet connection and a PC or Mac to successfully complete my course requirements.
- A faculty mentor is provided in every course.
- Some courses require the usage of third-party software.
- All additional fees will be assessed to me on my student account, which will include lab fees, resource fees, online fees, and/or any other fees that are assessed per course section.



- I am responsible for understanding resource fees by speaking with a Textbook Solutions representative within the University Store.
- All courses are delivered in a pre-defined sequence.
- Some courses use a proctoring service to proctor the final assessments. Assessment exams that require proctoring are clearly marked. Proctoring software must be downloaded to use the service. There are no fees to me to use this service. It is my responsibility to ensure that the software can be and is properly downloaded.
- I am responsible for reviewing the course syllabus to determine how the final grade will be calculated.
- I must complete the Exit Survey and Final Instructions in order to have my final grade posted and to progress to the next course in my sequence.
- If I have specific questions regarding my course or the content contained within the course, I am responsible for contacting my faculty mentor.
- I can progress at my own pace within this program.
- I understand that as a student enrolled in a UPOWER™ program, I must complete at least one course in a subscription period in order to be eligible to register for the next subscription. If no grades are earned at the end of a subscription period, I will earn an F for all courses not completed.
- After I have completed one course, any remaining courses that I start but do not complete by the end of a subscription period will be given a WP (withdraw passing) grade. The final grade for the course will appear as a WP on my transcript. If I register for the next subsequent subscription period, I will continue on within my Canvas section without the loss of any progress I have made. I understand, however, that this may negatively affect the calculation of my satisfactory academic progress.
- I understand that I only have two subscription periods to complete a course. After two subscription period attempts, I will be required to start the course from the beginning.
- Any course that I register for but do not access at the end of 30 days will be deleted from my student record and will not count as attempted credits for the subscription period.
- All prior academic transcripts must be reviewed and evaluated in order to determine course sequencing.
- Test outs or validation tests are not available in UPOWER™ programs.
- After faculty submit final grades for posting, it may take 24-48 hours before my next course is available.
- Due to the unique format of this program, honors are awarded at the end of the degree program and not at the end of each subscription period.
- I must apply to graduate when registering for my last subscription period. Degrees are conferred six times per year after the subscription period ends.
- A select number of general education courses are available in UPOWER™ format. I understand that my program chair will provide the options currently available.
- I understand that I am expected to check my Hodges email account daily.
- I understand that all coursework must be submitted one week prior to the end of the subscription period for grade calculation purposes.
- I understand that I must complete at least one activity within my course during the first 30 days of the subscription period. I acknowledge that if I make no attempt at any activities in my first course within the first 30 days, I will be automatically withdrawn from the program.

- I understand that if I do not remain continuously enrolled and meeting the requirements for Satisfactory Academic Progress and all other program requirements, I will not be allowed to re-enter a UPOWER™ program and will have to select a different non-UPOWER™ program.

### **UPOWER™ Digital Design and Graphics Program**

In addition to the requirements above in section 2.1 and 2.2, I have also been advised and understand that the Digital Design and Graphics (DDG) program has the following additional technical requirements:

- Autodesk student software (AutoCAD, Inventor, etc.) is free to students for three years. I understand that I must have a subscription to the Adobe Creative Cloud software bundle (available for Mac or PC through Adobe.com).
- All DDG Pre-Course and Post-Course Assessments, as well as Pre-Module and Post-Module Assessments, require both a written exam and an out of book portfolio/capstone project to be completed.
- I also understand that as a DDG student, I must be comfortable with technology and not afraid to problem solve.

### **Self-Paced Learning**

I understand access to tuition-free, self-paced learning courses are available to students meeting the requisite requirements. As a student taking self-paced courses, I understand that I am responsible for reviewing the requirements outlined in the University Catalog. I also understand that all UPOWER™ program requirements outlined above (unless otherwise specified below) also apply to Self-Paced tuition-free access. I also have been advised that:

- I must be registered full-time once the drop/add period ends.
- In order to be eligible for tuition-free access, I must not be required to complete remedial courses or IEP courses.
- I cannot take a course that needs to be repeated in the self-paced learning format.
- My Institutional GPA must be a 2.0. As a new student, I understand that I am exempt from this requirement for the first session only.
- I will have the duration of the registered session to complete the tuition-free course. If I fall below the full-time requirement at any point during the session, the tuition-free access will be revoked.
- Tuition-free learning courses may be added no later than the start of the 8<sup>th</sup> week of a session.
- I am encouraged to contact the Office of Financial Aid to verify my full-time status eligibility and to verify funding for the required course materials or other required fees.
- Any course that I start in the SPL format but do not complete by the end of the reporting session will be given a WP or a WF grade as outlined by the grade policy in the University Catalog. The WP or WF grade will display on my transcript. I understand by not completing the SPL course I will be subject to the course negatively affecting my completion ratio as outlined in the University Catalog.

## **Vaccinations**

I am aware of and have reviewed the University's Immunization Policy and Illness Policy both of which are contained in Chapter 7: Student Health Policies of the Student Handbook. If I am a student in a program requiring a clinical rotation, I am also aware that additional immunizations and other requirements may be necessary prior to placement to meet the standards of the clinical site.

## **Physical Therapist Assistant Program**

If I am enrolled in the Physical Therapist Assistant (PTA) Program, I understand that I am responsible for reviewing the program requirements outlined in the University Catalog and in the PTA Program Student Handbook. I acknowledge I have been advised that:

- PTA students who are contingently accepted to the program must successfully complete of all requirements and prerequisites. This includes but not limited health physicals, immunizations, proof of health insurance, background and drug screening, and official transcripts.
- PTA students who have a positive drug screen may not be admitted to the PTA Program due to the inability to be placed in clinical internship and, therefore, will be unable to complete the program and graduate.
- PTA students who do not have a successful Level II background check may not be admitted to the PTA Program due to the inability to be placed in clinical internship and, therefore, will be unable to complete the program and graduate. The student also may not qualify for licensure if the background check is not successful.
- All PTA students must submit completed immunization records prior to the start of the program with the exception of annual TB, flu, and Hepatitis B series.
- Hodges University's entry-level PTA Program is only available during the day and is a full time, 12-month program. The daily schedule runs from 8:30 am – 5:00 pm, Monday through Friday on the Fort Myers campus only.
- Clinical Placement close to home is not guaranteed. Placements include contracts with clinics, hospitals, home health agencies, and skilled nursing facilities.
- Students, while on clinical internships, are required to work the same schedule as their Clinical Instructor, which could include working earlier or later hours, weekends and holidays.
- Employment during the program is not recommended.

## **Nursing (BSN and PN) Program**

If I am enrolled in the Nursing (BSN or PN) Program, I understand that I am responsible for reviewing the program requirements outlined in the University Catalog and in the Nursing Program Student Handbook. I acknowledge I have been advised that:

- Nursing students who have a positive drug screen may not be admitted to the Nursing Program due to the inability to be placed in clinical internship and, therefore, will be unable to complete the program and graduate.
- Nursing students who do not have a successful Level II background check may not be admitted to the Nursing Program due to the inability to be placed in clinical internship and, therefore, will be unable to complete the program and graduate. The student also may

not qualify for licensure if the background check is not successful.

- I understand that I may not participate in clinical experiences until I have all my records on file with CastleBranch (health history and physical examination form, Hepatitis B declination, and immunizations) and that these records must be on file prior to the first day of class and kept updated throughout the duration of the program.
- I agree to have my education, health, and background records released to professional/health care agencies requesting that information, and other agencies as designated by Hodges University who have a legitimate need for these student records.
- I will not discuss any patient, hospital, or staff information outside the confines of the classroom, clinical, or post-conference area and without the direction and guidance of the respective instructor or other nursing faculty. If at any time I have concerns regarding an occurrence in the clinical setting, I will discuss the concerns with the clinical instructor, course coordinator, or the department director.
- I understand that failure to comply with confidentiality policy will result in dismissal from the program and possible legal proceedings.
- Clinical Placement close to home is not guaranteed. Placements include contracts with clinics, health departments, hospitals, home health agencies, physician offices and skilled nursing facilities.
- Students, while in clinical preceptorship, are required to work the same schedule as their hospital preceptor, which could include working earlier or later hours, weekends and holidays.

## **Clinical Mental Health Program**

### **General Requirements**

If I am enrolled in the Clinical Mental Health Program, I understand that I am responsible for reviewing the program requirements outlined in the University Catalog and in the Clinical Mental Health Program Student Handbook. I acknowledge I have been advised that:

- The Hodges University Clinical Mental Health Counseling Program requires students to perform adequately in areas of academic assessment that include the ability to form and continue positive relationships with others; the ability to acquire and correctly use counseling knowledge and skills, and the ability to successfully complete all practicums and internships in the judgment of faculty and site supervisors.
- I understand that these expectations are in addition to the didactic coursework expectations and assessment procedures.
- I understand that I will be expected to continually improve my ability to demonstrate counseling competencies as I progress in the program.
- I further understand that the American Counseling Association 2014 Code of Ethics forms the basis of professional standards to which I must adhere.

### **Internship Requirements**

If I am registering for a clinical internship course (as outlined in the University Catalog), I understand that as a condition of registration, I am agreeing to accept the following responsibilities:

- Become aware of the policies and procedures of the internship site.
- Attend all orientation programs concerning the field experience.
- Participate in all individual and group supervision associated with the learning experience.
- Establish the specifics of time commitments and schedules.
- Maintain appropriate professional appearance, be punctual, and adhere to site expectations.
- Assure that the site supervisor is kept fully informed about client contacts.
- Complete internship hours as specified above for internship requirements.
- Maintain a detailed log to be signed by the site supervisor and submitted to the faculty supervisor/clinical coordinator.
- Abide by the ethical standards/confidentiality laws established by the American Counseling Association.
- Obtain and maintain professional liability insurance.
- Complete Supervisee Evaluation of Site Supervisor and Site at the conclusion of field experience.

### **Health Science Labs**

If I am a student enrolling in BSC-1010C, BSC-1011C, BSC-1085C, BSC-1086C, BSC-2900, BCH-3025C, CHM-2025C, CHM-2045C, CHM-2046C, CHM-2210C, CHM- 2211C, HSC-4900, MCB-3020C, PCB-3063C, PCB-3103C, PHY-2048C, or PHY-2049C I understand that these are lab courses and require the observation of certain guidelines in order to ensure my own safety and those of my classmates and instructors. As a condition of registering for these courses, I agree to adhere to the following lab safety guidelines:

- I understand that I must read my experiments before class.
- I understand that I am required to wear safety glasses during all laboratory work. This includes any time that I am in the laboratory area even if not actively working on lab activities.
- I understand that I am required to wear appropriate clothing that provides protection. This is preferably pants and close-toed shoes and shirts that do not expose the stomach or back.
- I understand that I am not allowed to wear contact lenses during labs.
- I understand that I am required to confine long hair, loose clothing, and dangling jewelry.
- I understand that eating, drinking, and applying cosmetics is not allowed in the laboratory. All food must be kept in a sealed container and away from the lab work area.
- I understand that I am required to thoroughly wash my hands with soap and water before leaving the laboratory. I should also immediately wash any affected skin if there is contact with chemicals or microorganisms.
- I understand that I am required to report all physical and chemical injuries to the lab instructor regardless of how minor an injury may seem. I am also required to report all spills, accidents, broken equipment, and cracked or broken glassware to my instructor immediately.
- I understand that I am required to know the location and operation of all safety equipment. This includes the fire extinguisher, fire alarm, eye wash, sinks, fume hood, shower, fire blanket, first aid kit, clean up materials for spills and broken glass, glass disposal box, and telephone.

- I understand that I am required to dispose of waste materials according to the directions of my lab instructor. Broken or disposable glassware should not be discarded in the normal waste bins.
- I understand that I am never allowed to work in the lab alone or unsupervised. I also understand that I am not permitted to perform unauthorized experiments.
- I understand that I am not permitted to pipette by mouth.
- I understand that I must avoid touching hot objects and I am not permitted to leave heat sources unattended.
- I understand that I am required to assist with keeping the laboratory work area orderly.
- I understand that I am required to carefully read the labels on reagent bottles and containers to make certain they are the correct supplies needed for the experiment.
- I understand that I am required to notify my instructor if I am pregnant, color blind, allergic to any insects or chemicals, or have any other medical condition that may require special precautionary measures in the laboratory. I understand that I will notify my instructor of these concerns on the Special Health Concerns and Emergency Contact Information Form.
- I understand if I do not have health insurance, that I am assuming responsibility for any financial costs resulting from my treatment and care that may be required as a result of any lab accident.
- I understand that I am responsible for leaving the laboratory clean and organized. This includes washing glassware, returning all equipment to its proper place, and wiping off the counter space.

### **Dental Hygiene (BSDH) Program**

If I am enrolled in the Dental Hygiene (BSDH) Program, I understand that I am responsible for reviewing the program requirements outlined in the University Catalog and in the Dental Hygiene Program Student Handbook. I acknowledge I have been advised that:

- Dental hygiene students who have a positive drug screen may not be admitted to the Dental Hygiene Program as it is illegal and unethical to practice impaired and endanger patients. Therefore, the student would be unable to complete the program and graduate.
- Dental hygiene students who do not have a successful Level II background check may not be admitted to the Dental Hygiene Program due to the inability to begin to provide care to patients and, therefore, will be unable to complete the program and graduate. The student also may not qualify for licensure if the background check is not successful.
- I understand that I may not participate in clinical experiences until I have all my records on file with CastleBranch (health history and physical examination form, Hepatitis B declination, and immunizations) and that these records must be on file prior to the first day of class and kept updated throughout the duration of the program.
- I agree to have my education, health, and background records released to professional/health care agencies requesting that information, and other agencies as designated by Hodges University who have a legitimate need for these student records.
- I understand that I am required to wear safety glasses during all laboratory work. This includes any time that I am in the laboratory area even if not actively working on lab activities.
- I understand that I am required to wear appropriate clothing that provides protection.

Acceptable clothing would be long pants and close-toed shoes and shirts that do not expose the stomach or back.

- I understand that if I sustain a serious illness or injury or become pregnant, I must present written medical permission to attend classes and clinical practice at the time of resuming studies. Pregnant students must provide the Dental Hygiene Department Program Director with written permission to participate in radiology and clinical courses.
- I will not discuss any patient information outside the confines of the classroom, clinical, or post-conference area and without the direction and guidance of the respective instructor or other dental hygiene faculty. If at any time I have concerns regarding an occurrence in the clinical setting, I will discuss the concerns with the clinical instructor, clinical dentist, or the Program Director.
- I understand that failure to comply with infection control policies may result in personal harm as well as dismissal from the program and possible legal proceedings.
- I understand that failure to comply with bloodborne pathogen policies may result in personal harm as well as dismissal from the program and possible legal proceedings.
- I understand that failure to comply with radiology policies may result in personal harm as well as dismissal from the program and possible legal proceedings.
- I understand that I am required to report all physical and chemical injuries to the instructor regardless of how minor an injury may seem. I am also required to report all spills, accidents, broken equipment, and cracked or broken glassware to my instructor immediately.
- I understand that failure to comply with emergency management policies may result in personal harm as well as dismissal from the program and possible legal proceedings.
- I understand that I will be expected to continually improve my clinical skill competencies as I progress in the program.
- I understand that failure to comply with the confidentiality policy will result in dismissal from the program and possible legal proceedings.
- I further understand that the American Dental Hygienists' Association 2020 Bylaws and Code of Ethics forms the basis of professional standards to which I must adhere.

### **Student Internships**

I understand that if I am participating in a for-credit student internship, I am required to adhere to the following procedures.

- I will perform the assigned duties in a professional manner.
- I will adhere to the requirements outlined in the internship course syllabus.
- I understand that the internship site supervisor will evaluate and review my progress and will approve my timesheet and complete an evaluation form for me.
- I understand that the assigned internship coordinator will be responsible for the overall supervision of my internship.
- I understand that I am receiving college credit for the internship course. As a result, if I have accepted an unpaid internship, I am classified as a volunteer. As a volunteer, I understand that I am neither an employee of the internship site nor of the University. As a volunteer, I understand that I am not entitled to any compensation or employment benefits from either the internship site or the University. If I have accepted a paid internship, I understand that the internship relationship is between me and the internship site. In a paid

internship, I understand that the University is not my employer and is therefore not responsible for any compensation or benefits which may or may not be owed to me.

- I understand that if my program requires a clinical internship or rotation, that I will be subject to the placement criteria established by the clinical placement location, and the University does not have control over such criteria. I understand that this may include a requirement that I successfully pass a background check (to include civil and criminal convictions at both the state and federal level) as well as a drug test among other requirements. I understand that during my clinical internship, I will be subject to the internship site's random drug testing procedures and that I must abide by all policies and procedures established by the internship site. By my acceptance of these Terms and Conditions, I acknowledge receipt of the list of currently controlled substances that may cause a failure of the drug test, which may be subject to change during my enrollment at the University. I understand that Hodges has no control over the list of controlled substances that may cause a failure of a drug test, and it is my responsibility to keep informed of this list. I also acknowledge that I have been informed that failure to complete the clinical internship for any reason, including failure of the drug test or failure to observe any of the internship site policies and procedures, may result in expulsion from the program and/or an inability to graduate.

## **Withdrawal**

I understand if I choose to withdraw, I must follow the procedures for withdrawal from the University outlined in the University Catalog. I also understand that any refund that may be due to me or any balance I will owe to the University as a result of withdrawing will be calculated in accordance with the institutional refund policy outlined in the University Catalog.

## **Financial Arrangements**

### **Payment Arrangements**

I understand if I am a cash-paying student (without financial aid) or if I have an outstanding out-of-pocket balance after all financial aid, I am required to contact the Office of Student Accounts to make financial arrangements for the payment of my balance. I understand if I have an outstanding balance of less than \$500.00, my outstanding balance is due and required to be paid in full on the first day of the session. I also understand that failure to pay my entire balance due on or before the end of the add/drop period will result in my course registration being cancelled.

If my outstanding out-of-pocket balance is \$500.00 or greater, I understand that I am eligible for a payment plan, but that an administrative Payment Plan Fee of \$75.00 will apply. I understand that the Payment Plan Fee will be due with a down payment at the time of enrollment and I agree to pay all installments on time meaning on or before the established due date. If payments are not made within ten (10) days of scheduled payment(s), I will be unenrolled from my payment plan and my entire outstanding balance becomes due and required to be paid in full. I understand that non-payment and subsequent removal from a payment plan will result in ineligibility for future enrollment in any payment plan. If I withdraw, calculations will be performed by the Office of Student Accounts and the Office of Financial Aid within thirty (30) days of my withdrawal to determine the remaining balance owed for the session and/or how much will be refunded in accordance with the U.S.



Department of Education guidelines.

I understand that withdrawal from the University, with or without notice, could affect my federal and/or state financial assistance and may result in a balance due to the University. Should it become necessary for the University to retain an attorney or collection agency to secure payment of any amount due, I will be responsible for all collection costs and legal fees. I understand if I withdraw from the University, any remaining balance on my account will become immediately due and required to be paid in full. I understand all payment agreements are calculated with an estimated financial aid award. Changes in my financial aid award may result in an amount due in excess of the payment agreement.

I understand if my remaining out-of-pocket balance is not paid in full prior to ten (10) days before the last day of the session, I will not be permitted to take final examinations, register for courses in the following session, receive any final grades, receive transcripts, graduate, and/or receive my diploma.

### **Late Fees**

I understand that tuition and fees are due in full by the published due dates for each semester. Should tuition and fees be incurred after the registration period, I understand that these are due at the time I sign up for the class. I further understand that if I fail to meet this deadline, I will be assessed a late payment fee of \$10 on the first day of the following month of the tuition due date. In addition, I acknowledge that if I am enrolled in a qualified payment plan, late payments will be applied on the outstanding balance the day following the payment due date. I understand that all late fees applied to outstanding balances will not exceed \$10 per month for each month of an enrolled term.

### **Disputes**

I understand that if I am charged the late payment fee and have extenuating circumstances that warrant a review of the fee, I may appeal by submitting a written request along with attaching any appropriate documentation to the Office of Student Accounts via email at [sas@hodges.edu](mailto:sas@hodges.edu) within the term of the late fee assessment. For example, a late fee assessed for the fall term must be disputed in writing prior to the last day of that fall term. I acknowledge that late fee disputes will be reviewed and a decision rendered within 30 days, at which time I will be notified via my Hodges University e-mail account. I further understand that failure to dispute a late fee within the term it was assessed indicates that I am aware of the fee and accept its assessment. I understand that I must pay the fee before the appeal can be reviewed. If the appeal is granted, I understand that I will be issued a refund.

**NOTE: I understand that disputing a late fee does not guarantee that the fee will be removed and that submitting a written request for removal only means that a late fee is being disputed. I understand that the Director of Student Accounts will review my account to assess the late fee's validity and if the Director deems the late fee to be legitimate, I will be required to pay it.**

## **Collections**

I understand that any unpaid balance, to include an out-of-pocket balance on my account is required to be accounted for and/or paid in full prior to ten (10) days before the last day of the session. I understand that any outstanding balance after a session concludes is subject to submission to Penn Credit Corporation, a third-party collections agency, or any other collection agency chosen by the University, for collections activity. I understand that if any outstanding balance is sent to a third-party collection agency, my credit score may be affected.

## **Credit Balances**

I understand any credit balances on my account will be credited to me on the next, regularly scheduled refund date in accordance with the refund preference selected in accordance with the schedule and policies outlined in the Hodges University Catalog.

## **Financial Aid**

In order to receive federal or state financial aid funds, I understand I must have legal status in the United States. If I am an ESL student, I also understand that the only financial aid funds available to me in this program are Federal Pell Grant (Title IV) funds. To be eligible to receive Title IV funds, I must demonstrate that improving my English language skills will enhance my ability to pursue job opportunities in my current or previous occupation or in a related field by completing an ESL Qualifications Form prior to registration.

I understand I must complete my Free Application for Federal Student Aid (FAFSA) form prior to registration. If I register for more credit or clock hours than what my financial aid will cover, I understand I will have an outstanding balance that will be due to the Office of Student Accounts. I also understand that, if the number of credit or clock hours for which I am registered changes, I must contact the Office of Financial Aid and acknowledge that the number of credit or clock hours I register for impacts my eligibility for both federal and state financial aid.

I consent to participating in electronic transactions of financial information provided or made available to student loan borrowers and for all notices and authorizations provided to state and federal student aid recipients.

I understand that, if I withdraw from the University while making use of financial aid resources, my charges and financial aid eligibility will be calculated in accordance with the Return to Title IV Policy outlined in the University Catalog.

## **Scholarships**

I understand and acknowledge that the following terms apply to any University scholarships for which I may apply.

- Applying for a scholarship does not guarantee that one will be awarded.
- Awarded scholarships must be applied in the 4-month session for which they are designated, or they will be forfeited.
- All scholarships will be awarded in accordance with the policies and procedures outlined in

the University Student Handbook.

- All efforts are made to maintain fairness and equality in awarding of scholarships, and, in all cases, the Hodges University Scholarship Committee's awarding of scholarships is final.

**Note:** English as a Second Language program and all cohort-based programs (BSN, PTA, MAcc, Paramedic, LPN, BSDH, PN, and CMHC) are ineligible for all general scholarships and are instead, only eligible for program-specific scholarships.

## Registration

Registration occurs prior to the beginning of each session. Registration for UPOWER™ programs begins the first day of the sixth month of the subscription period. New students receive academic advisement and registration instructions from the Office of Student Experience. Continuing students receive recommendations from their Student Experience advisor approximately one month in advance of the last day of the session and register online.

I understand and accept responsibility for ensuring all courses for which I register are appropriate to my degree program and I am ultimately responsible for knowing and fulfilling University and program requirements for graduation. I understand that, while academic degree requirements are determined by the Hodges University Catalog in effect at the time of my enrollment that is listed on my Academic Evaluation, I am responsible for observing and following all University policies outlined in the Hodges University Catalog and University Student Handbook in effect at the time of this registration.

I accept responsibility for the accuracy of all information submitted online to the University. I also agree to complete a Schedule Change/Withdrawal Form in the Student Self-Service system to officially withdraw from the University or to make any other schedule change after online registration that affects my enrollment status in any class.

For 4-week courses, the add/drop period is prior to the first-class meeting for on-campus and TEC courses. It is the 5<sup>th</sup> day (Friday) for SLS and online courses. For 8-week courses, the add/drop period is the first five days (Monday through Friday) of each course. For 16-week courses, the add/drop period is the first eight days (Monday through Monday) of each course. I understand that in all cases, at the end of the drop/add period, my status will be permanent for the entirety of the remainder of the session, for purposes of tuition/fee charges for classes, and the amount of financial aid eligibility.

For UPOWER™ programs, the first eight days of the six-month subscription session is the drop period. If I want to drop a class, I understand the desired change must be accomplished by completing a Schedule Change/Withdrawal Form in the Student Self-Service system by the end of the eighth day of the subscription period. I further understand that, at the end of the drop period, my student status will be permanent for the whole session, both in terms of charges for classes and in amount of financial aid eligibility. I understand and acknowledge that students enrolled in a UPOWER™ program are permitted to add courses throughout the six-month subscription session.

## **Communications**

As a student at Hodges University, I understand I may periodically receive text messages from administration and/or faculty. I understand that, depending on my cellular plan, some of these messages may incur charges with my carrier. I agree I am solely responsible for any and all charges incurred due to the receipt of text messages, SMS messages or the like. If my messaging system may incur charges, I understand the first message I receive will give me the option to opt-out of receiving future text messages.

## **Student Work**

I understand and acknowledge that the University reserves the right to retain samples of my coursework and to use photographs or videotapes of me and my coursework. I understand that if for any reason I wish to opt out of this policy, I must contact my advisor in the Office of Student Experience who will work with me and the University's marketing department to identify alternatives.

## **Student Rights and Responsibilities**

I understand acceptance to the University and matriculation entitles each student to the rights and privileges of membership in the Hodges University community. As in other communities, I understand I must assume the responsibilities and obligations accompanying these privileges. I acknowledge that the responsibility for maintaining appropriate standards of conduct and observing all University regulations and policies rests solely with me.

I acknowledge that at or before matriculation and at various points throughout my academic career including at every point of registration, I am given access to the University Catalog, University Student Handbook, and various brochures and other publications that set forth the policies and regulations under which the University operates. I understand these are subject to change with or without notice to me. I understand it is my responsibility to become familiar with these policies and regulations and to comply accordingly. My ignorance of or lack of familiarity with this information does not serve as an excuse for noncompliance or infractions.

As a student of Hodges University, I understand I have certain rights with respect to my educational records as governed by the Family Educational Rights and Privacy Act (FERPA) and in accordance with the established policies of the University. I understand my rights and responsibilities as a student are outlined in the University Student Handbook. I acknowledge that I have been informed of these rights and responsibilities. I understand that the University's records policies are outlined in the University Catalog and Student Handbook. I acknowledge that I have been informed of these policies.

To the extent the General Data Protection Regulation ("GDPR") is applicable to me, I hereby consent to the processing of my Personal Data as defined by the GDPR for the purposes outlined and provided for in Hodges' policies, as amended from time to time. I understand that in certain circumstances, I have the right to object to the processing of my Personal Data. I further understand that I have the right to request (1) access to my Personal Data; (2) rectification of mistakes or errors and/or erasure of my Personal Data; (3) that Hodges restrict processing of my Personal Data; and (4) that Hodges provide my Personal Data upon request in a portable format.

## **Course Materials**

Hodges University strives diligently to provide course materials to students at a rate that is less than what students would pay to purchase the same course materials independently. I understand a required Resource Fee will be charged to me for each course I am registered for. This fee will cover all required materials for each course section.

I understand that some Hodges University courses are designated as having zero textbook cost (ZTC). This means the course has been designed in such a way where I do not have a cost for books, access links, or any other associated course costs. I understand that ZTC courses are designed with Open Educational Resources (OER) and / or include learning materials such as links to scholarly and professional websites, resources from library databases, or materials created by Hodges University professors (e.g. digital handouts and recorded presentations).

As a student paying tuition and fees, I understand I have the right to opt out of the Resource Fees on a session-by-session basis and purchase my textbooks or other course materials on my own. I acknowledge that I was provided information on how to opt out of the Resource Fees. I understand that this is my one and only opportunity to opt out of the Resource Fees, and that after my registration is complete, I will no longer be able to opt out. If I opt out of the Resource Fees, I understand I will not be able to use Title IV financial aid to purchase my course materials.

If I am a student in a clock hour program or a core cohort-based program, with the exception of the PTA Core Program, I understand that all textbooks and other course materials are included in the core cohort prices and I will not be able to opt out of the Resource Fees and purchase my textbooks or other course materials on my own.

## **Student Orientation**

If I am a new student at the University or returning to the University after an absence exceeding three sessions, I understand I am required to complete an online orientation program designed to familiarize me with the University's processes, procedures, policies, and resources. I understand the goal of this orientation program is to enhance my ability to achieve academic success.

## **Student ID Cards**

I understand that all students are required to obtain and visibly display their University ID card at all times while on campus, and that distance education students are required to obtain an ID card for purposes of a picture ID and to access library services and privileges while on campus. I understand I am strictly prohibited from lending or sharing my ID with anyone. If my ID is lost or stolen, I understand I must immediately report the loss to the Office of First Impressions. I also understand the replacement of my lost or stolen ID card will be at my expense to be paid to the Office of Student Accounts. I understand and acknowledge that every January, all students are required to secure a new colored sticker from the Office of First Impressions and apply it to the face of their ID badge.

## **Academic Honesty**

As a condition of registration, I agree to follow the University's Academic Honesty Policy as outlined in the University Student Handbook. I understand I must adhere to the principles of academic honesty contained in this policy, and if I violate this policy, I further understand I will be subject to the corresponding sanctions that may impact my academic standing with the University.

## **Drug/Substance Abuse Prevention**

I understand and am aware that the University has established a substance abuse awareness program to inform students about: 1) the dangers of drug abuse; 2) Hodges University's policy of maintaining a drug-free school; 3) available drug counseling, rehabilitation, and student assistance programs; and 4) penalties that may be imposed on me for drug abuse violations occurring on campus. I understand this information is contained in the University Student Handbook. I have reviewed the University Student Handbook and understand the conditions, resources, and policies relating to substance abuse contained therein.

## **International Students**

If I am an international student, I understand that there are certain additional requirements for admission to the University that may include additional charges and fees. I further understand and acknowledge that the specific requirements for admission of international students to the University are detailed in the University Catalog. I acknowledge that I have read and understand these additional requirements and have been fully informed of any and all additional fees.

In addition, I understand that international students have specific guidelines that must be followed. As an international student (F-1 student), I understand that it is my responsibility to adhere to the standards, rules, and regulations for international students outlined in the University Catalog. Additionally, I understand that it is my responsibility to verify that all of my information on file with my campus Designated School Official (DSO) is accurate and that all of my documentation (e.g. I-20, passport, visa, etc.) is current. I further understand that failure to adhere to these requirements may jeopardize my Student status. I understand that willingly committing a "violation" such as unauthorized employment automatically removes me from lawful F-1 status. I understand that once I am out of status, I must file an application for reinstatement within 15 days or exit the country immediately.

I further acknowledge that while the P/DSO is knowledgeable and able to assist with filing documents, I have been advised that when seeking any change to my personal status, including applying for Change of Status, or Optional Practical Training (OPT), or post-completion optional practical training (STEM OPT) it is strongly recommended that I speak with an immigration attorney to discuss risks and concerns, to receive advice, or to file applications directly. I understand that it is my responsibility to contact the institution's P/DSO prior to any of the following:

- When changing my major, program, or degree or educational level.
- When I change my name.
- When I need to extend my program dates.
- When my I-20 is about to expire.

- When I choose to leave the country.
- When I choose to take a session off.
- When I choose to change my US domestic address.
- When I choose to transfer to another institution.
- When I choose to drop below a full-time course of study.
- When I choose to apply for OPT or any form of employment.

If I am a visiting tourist (Tourist Visa), I understand that there are specific guidelines that must be followed. As a visiting tourist, I understand that it is my responsibility to adhere to the standards, rules, and regulations of my status. I am only permitted to enroll in the English as a Second Language (ESL) Program courses for recreational or avocational reasons. I understand and acknowledge that I am ineligible to enroll in standard academic courses and/or degree or certificate programs. I understand that I am only permitted to enroll part-time in (ESL) classes (no more than two courses per session) and that I am not eligible to earn the ESL completion certificate or receive monetary refunds. I understand that it is my responsibility to verify that all of my information on file is accurate, that my I-94 is current, and that the 4-month academic session is within my allowed visiting dates.

## **Veteran Students**

If I am a veteran student, using Post 9/11 GI Bill® (Chapter 33) or VA Vocational Rehabilitation & Employment CH31 benefits, I understand that Basic Allowance for Housing (BAH) is paid to students in accordance with either lecture (resident) or online (distance learning) participation. I further understand and acknowledge that Hodges University offers courses in a variety of formats and that it is my responsibility to decide what schedule is best, including BAH considerations.

## **Nondiscrimination**

Hodges University does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, or disability in the provision of educational opportunities or employment opportunities and benefits. All members of the University community are valued equally. Hodges University does not discriminate on the basis of sex or disability in the education programs and activities that it operates, pursuant to the requirements of all applicable federal and state legislation and regulations including, but not limited to, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. This policy extends to both employment by and admission to Hodges University. As a student at the University, I understand I am required to observe the University's nondiscrimination policies as outlined in the Hodges University Catalog and University Student Handbook.

## **Campus Security**

Hodges Annual Security Report (Campus Security Policy (Clery Act) and Crime Stats can be found at: <http://www.hodges.edu/consumer-information/>. The security report describes Hodges Annual Security Plan and the Crime Stats report lists the number and types of crimes committed on or near campus each year. I acknowledge receipt of this security report and understand that, as a student at the University, I am required to observe the University's Title IX policies as outlined in the University Student Handbook.

## **Legal**

### **RESOLUTION OF DISPUTES: WAIVER OF JURY TRIAL**

*I understand that by registering for classes, I (the student) and the University irrevocably waive any and all right to a trial by jury to address or redress any claim, counterclaim, cause of action or other grievance, whether legal, administrative or equitable in nature, that arises out of any dispute relating to their relationship, including but not limited to admission, denial of admission, payment or non-payment of tuition, or cessation of their relationship. Both the university and I agree that any legal, administrative or equitable proceeding arising out of any dispute relating to our relationship shall be conducted via only a bench trial (i.e., Judge-only), and shall take place in the Circuit Court for Lee County, Florida.*

## **Documents**

I understand all students are required to review the Hodges University Catalog and University Student Handbook. These documents cover the academic policies of the institution (Catalog) and the student conduct requirements (Student Handbook) that all students are required to observe.

## **Acknowledgement**

I hereby acknowledge that I have chosen to enroll at the University under my own free will, and the University did not unduly or aggressively recruit me to apply or accept admission to attend the University.