Registration Agreement

I acknowledge and agree to abide by Western University of Health Sciences (WesternU) policies and procedures as outlined in the University Catalog. The current version of the University Catalog can be found on the WesternU website on the Registrar's page. I further acknowledge that the rules, regulations, policies, and procedures contained therein are incorporated into, and are a part of this acknowledgement and agreement as if set forth in full herein.

I hereby acknowledge that:

A. I acknowledge that Western University of Health Sciences (WesternU), through its current catalog, has provided me with access to University policies on, but not limited to:

   a. Diversity Statement
   b. Drug-Free Workplace Policy
   c. Electronic Communications/Acceptable Use Policy
   d. Facilities, Resources, and Services for Students with Disabilities
   e. Family Education Rights and Privacy Act (FERPA)/Confidentiality of Student Records
   f. Identification Verification Policy
   g. Issue/Dispute Resolution Procedures
   h. Nondiscrimination, Anti-Harassment, and Anti-Retaliation Policy
   i. Notice of Nondiscrimination and Equal Opportunity
   j. Safety and Security: Your Right to Know
   k. State Authorizations
   l. Student Health and Safety/Requirement Immunizations/Annual Health Clearance Requirements
   m. Tuition Refund Policy
C. **Use of Financial Aid Funds**
   a. I authorize the University to apply appropriate financial aid funds (e.g. Stafford, Grad PLUS, Alternate, etc.) received on my behalf, towards applicable tuition and fees that I owe the University.

D. **WesternU E-mail Usage**
   a. I acknowledge that WesternU will use my assigned WesternU e-mail account as the main form of communication. Students are responsible for checking their WesternU e-mail account on a regular basis and will be held to any deadlines, etc. contained within the contents of those e-mails.

E. **Health Insurance Requirement**
   a. I acknowledge that all full-time WesternU students are required to have active health insurance coverage during all periods of enrollment. All full-time students are automatically enrolled in and charged for the student health insurance plan at the time of registration. Students may waive out of the student health insurance plan by submitting proof of health insurance coverage that meets the following requirements: 1) deductible of $1,000 or less (individual plan) or $2,000 or less (family plan) and 2) is active for the entire academic year. Once proof of eligible coverage has been received, the student will be removed from the student health insurance plan and the associated charges will be reversed from their student account. Proof of eligible coverage must be submitted by the deadlines provided by the Office of the Registrar.