



ROOSEVELT UNIVERSITY
COLLEGE OF PHARMACY

Matriculation Agreement

Read and initial each section, sign the document on the last page, and return via email (cop@roosevelt.edu) or regular mail to **(due within 7 days of receipt of your admission)**:

Roosevelt University College of Pharmacy
Office of Enrollment and Student Services
1400 N. Roosevelt Blvd.
Schaumburg, IL 60173

The Roosevelt University College of Pharmacy (“RUCOP”) hereby offers to admit the undersigned as a Student (“Student”) in the three-year Doctor of Pharmacy program as a candidate for the PharmD degree, Class of 2022, commencing in June 2019, subject to the terms and conditions below. The Student agrees to satisfy all of the following minimum requirements by the dates designated below before being able to matriculate as a new student. RUCOP reserves the right to deny matriculation or continued enrollment to any student who, in the opinion of RUCOP, violates any University policy or procedure, or engages in conduct that is detrimental to the University, its faculty, students or the health care profession.

_____ **Deposit payment of \$1,000 (NON-REFUNDABLE) due within 7 days of receipt of your admission.** Deposits shall be made by check or money order, payable to Roosevelt University, and hand delivered, sent by certified U.S. mail or delivery that can be tracked (e.g., FedEx, UPS) to:

Roosevelt University
Office of Student Accounts
1400 N. Roosevelt Blvd.
Schaumburg, IL 60173

HOW PAY ONLINE USING CREDIT/DEBIT CARD OR E-CHECK PAYMENT

- 1. Register Your NetID**
2. Visit password.roosevelt.edu to register your NetID and create a new password. Your NetID is <<NetID>>. Your initial password is **RU**, followed by your six-digit **date of birth** and **an exclamation point (!)**.
- 3. Pay Your Enrollment Deposit in RUAccess**
4. Visit **ruaccess.roosevelt.edu** and enter your NetID and your newly created password.
5. Click on “Tuition & Other Students Services” tab, then “Tuition and Fees”
6. Select “Make a Payment and Enroll in Payment Plan”
7. Connect to Bill and Payment Center
8. Select “Deposit” from the top of the page
9. Term “Summer Pharmacy 2019”
10. Select Deposit Payment “Pharmacy Deposit”
11. Select Method of Payment: E-Check or Credit/Debit Card
12. Submit Payment
13. Submit Payment Date
14. Please wait while your request is processing and print a receipt by clicking printer button at the top of your browser.

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_____ The **\$1,000 deposit will be credited toward your first term's tuition**. Please call (847) 619-7974 or email saosc@roosevelt.edu with any questions or requests regarding your payment.

_____ Sign the enclosed copy of the Technical Standards Form and return it with this Matriculation Agreement and Scholarship Acceptance form by **due within 7 days of receipt of your admission**

_____ Arrange to have the Certiphi Criminal Background Check available through PharmCAS completed by **due within 30 days of receipt of your admission**.

_____ Arrange to complete the Certiphi Drug Screening Test by: **due within 30 days of receipt of your admission**

_____ Acknowledge that all RUCOP students may be required to complete additional Criminal Background Checks or Drug Screening Test based on affiliation agreements with community and hospital pharmacy partners.

_____ Arrange to have final transcripts sent to the RUCOP, if applicable, by **June 1, 2019**. Transcripts must validate satisfactory completion of all prerequisite pharmacy courses taken since the submission of the application for admission, and the minimum cumulative grade point averages required by RUCOP. Send transcripts to:

Roosevelt University College of Pharmacy
Office of Enrollment and Student Services
1400 N. Roosevelt Blvd.
Schaumburg, IL 60173
Room 430

_____ Arrange to have a completed copy of the Immunization History Form through My Record Tracker by **due within 30 days of receipt of your admission**. *Instructions on where to find and download the Immunization History Form will be emailed after the receipt of the non-refundable deposit.*

_____ Acknowledge that all RUCOP students shall receive an annual TB test and Flu Vaccine.

_____ Possess and maintain an active Illinois Pharmacy Technician License. A copy of this license must be sent by **due within 30 days of receipt of your admission**. Apply for the license online at <https://www.idfpr.com/> under the pharmacist tab.

_____ Acknowledge that a laptop computer will be issued to the Student during New Student Orientation. The computer's primary use is to support the educational and clinical expectations established by RUCOP, and the Student agrees to use and maintain the laptop in accordance with Roosevelt University policy.

_____ Acknowledge that the RUCOP Student Handbook will be available to each student during the 2019 – 2020 academic year. It is the Student's responsibility to read and understand the contents of RUCOP Student Handbook and abide by the policies and procedures therein.

_____ Students are encouraged to disclose any physical or documented learning accommodations to the Director of the Academic Success Center:

Adam Wouk
Director, Academic Success Center (312)
341-3810
awouk@roosevelt.edu
430 S. Michigan Avenue
Chicago, IL 60605

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FOR PERMANENT RESIDENTS AND INTERNATIONAL STUDENTS ONLY:

_____ Students with a permanent resident alien card must provide a copy of the card along with the Matriculation Agreement.

_____ Students who are non-U.S. citizens or non-permanent residents must provide proof that sufficient funds have been deposited in a U.S. bank to cover the total cost of attendance at RUCOP as determined by Roosevelt University. This documentation must be submitted to the Office of International Programs by the deposit deadline printed in the provisional admission letter.

Furthermore, the Student understands that RUCOP maintains the right to deny Matriculation or Continued Enrollment to any student who fails to:

- Meet the minimum GPA requirement of the program at Matriculation.
- Complete all required prerequisite courses with a satisfactory grade or fails to submit appropriate documentation to track the completion of prerequisites.
- Submit final official transcripts.
- Submit deposit, tuition or additional documents as required on or before any specified due date.
- Meet the Technical Standards with reasonable accommodations as outlined in the current University or College of Pharmacy catalog.
- Possess an active Illinois Pharmacy Technician License.
- Submit all medical information as instructed.
- Maintain medical insurance coverage while attending the College of Pharmacy.
- Produce a successful criminal background check.
- Produce a successful drug screening.
- Submit truthful information orally or in writing in support of admission or if the information cannot be verified to the satisfaction of the College of Pharmacy.
- Engage in behavior that is legal, moral, or uphold a standard of behavior that is not deemed a threat to the health and well-being of the University, the College of Pharmacy, its faculty, students or affiliates.

My signature below signifies that I have read and understand all aspects of this document and do recognize my legal responsibilities as they relate to this Matriculation Agreement. Please email this signed form to cop@roosevelt.edu, **due within 7 days of receipt of your admission.**

Student's Printed Name

Date

Student's Signature

FOR THE ROOSEVELT UNIVERSITY COLLEGE OF PHARMACY:

Enrollment and Student Services Representative

Date