

# UT HEALTH SCIENCE CENTER APPROVED TUITION/FEES

1/19/06 1:02 PM

APPROVED FEES FY 2005-06		
Annual	Per Hour	Per Semester

Other Fees (Note 1: Activity/Health Estimate)
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All students required to carry Student Assit Ins (SAP)18.50/yr

### COLL. OF GRAD. HEALTH SCIENCES\*

IN-STATE MAINTENANCE FEE	6,522	363	3,261
Out-of-State Tuition	12,476	693	6,238
<b>TOTAL OUT-OF-STATE FEE</b>	<b>18,998</b>	<b>1,056</b>	<b>9,499</b>

Parking Fees per month	\$15.00
Health Insurance (Student Only)	\$791.00
Hepatitis Immunization Year 1/1st sem)	\$200.00
Student Assistant Program (SAP)	\$9.25

### COLLEGE OF MEDICINE\*

#### Year 1

Regular Academic Program (4 Year)			
IN-STATE MAINTENANCE FEE	17,522	974	8,761
Out-of-State Tuition	16,884	938	8,442
<b>TOTAL OUT-OF-STATE FEE</b>	<b>34,406</b>	<b>1,912</b>	<b>17,203</b>

Parking Fees per month	\$15.00
Health Insurance (Student Only)	\$791.00
Hepatitis Immunization Year 1/1st sem)	\$200.00
Microscope Fee (Yr 1 & 2- 1st semester only)	\$52.50
Malpractice Insurance (all students)	\$22.00
Disability Insurance (all students)	\$24.02

#### Year 2

Regular Academic Program (4 Year)			
IN-STATE MAINTENANCE FEE	17,012	946	8,506
Out-of-State Tuition	16,392	910	8,196
<b>TOTAL OUT-OF-STATE FEE</b>	<b>33,404</b>	<b>1,856</b>	<b>16,702</b>

Parking Fees per month	\$15.00
Health Insurance (Student Only)	\$791.00
Microscope Fee (Yr 1 & 2- 1st semester only)	\$52.50
Malpractice Insurance (all students)	\$22.00
Disability Insurance (all students)	\$24.02
Student Assistant Program (SAP)	\$9.25

#### Years 3-4

Regular Academic Program (4 Year)			
IN-STATE MAINTENANCE FEE	16,530	919	8,265
Out-of-State Tuition	16,392	910	8,196
<b>TOTAL OUT-OF-STATE FEE</b>	<b>32,922</b>	<b>1,829</b>	<b>16,461</b>

Parking Fees per month	\$15.00
Health Insurance (Student Only)	\$791.00
Microscope Fee (Yr 1 & 2- 1st semester only)	\$52.50
Malpractice Insurance (all students)	\$22.00
Disability Insurance (all students)	\$24.02
Student Assistant Program (SAP)	\$9.25

### COLLEGE OF DENTISTRY\*

IN-STATE MAINTENANCE FEE	14,922	829	7,461
Out-of-State Tuition	19,976	1,110	9,988
<b>TOTAL OUT-OF-STATE FEE</b>	<b>34,898</b>	<b>1,939</b>	<b>17,450</b>

Health Insurance (Student Only)	\$791.00	
Hepatitis Immunization Year 1/1st sem)	\$200.00	
Microscope Fee (Yr 1 - 1st semester only)	\$52.50	
Malpractice Insurance 2,3&4 (2nd sem only)	\$25.00	
Dental Kits		
	1st Semester	2nd Semester
D1	\$4,750.00	\$2,950.00
D2	\$1,900.00	\$2,150.00
D3	\$1,800.00	\$0.00
D4	\$120.00	\$0.00

**Dentistry SGA Fee (All Dental Students) \$30**

**Laboratory and Clinical Utilization Fee (ALL DENTAL STUDENTS) \$600**

### COLLEGE OF PHARMACY\*

Graduate Doctor of Pharmacy *			
IN-STATE MAINTENANCE FEE	11,158	620	5,579
Out-of-State Tuition	12,500	694	6,250
<b>TOTAL OUT-OF-STATE FEE</b>	<b>23,658</b>	<b>1,315</b>	<b>11,829</b>

Student Assistant Program (SAP)	\$9.25
Parking Fees per month	\$15.00
Health Insurance (Student Only)	\$791.00
Hepatitis Immunization Year 1/1st sem)	\$200.00
Malpractice Insurance (Years 2,3 &4) 1st sem	\$27.00
Student Assistant Program (SAP)	\$9.25

### COLLEGE OF NURSING\*

#### Bachelors of Science in Nursing\*

IN-STATE MAINTENANCE FEE	4,086	170	2,043
Out-of-State Tuition	5,444	228	2,722
<b>TOTAL OUT-OF-STATE FEE</b>	<b>9,530</b>	<b>398</b>	<b>4,765</b>

Parking Fees per month	\$15.00
Health Insurance (Student Only)	\$791.00
Hepatitis Immunization Year 1/1st sem)	\$200.00
Malpractice Insurance 1st sem	\$27.00
Student Assistant Program (SAP)	\$9.25

#### Masters of Nursing \*

IN-STATE MAINTENANCE FEE	7,706	429	3,853
Out-of-State Tuition	10,466	580	5,233
<b>TOTAL OUT-OF-STATE FEE</b>	<b>18,172</b>	<b>1,010</b>	<b>9,086</b>

Parking Fees per month	\$15.00
Health Insurance (Student Only)	\$791.00
Hepatitis Immunization Year 1/1st sem)	\$200.00
Malpractice Insurance 1st sem	\$27.00
Student Assistant Program (SAP)	\$9.25

#### Doctor of Nursing Science \*

IN-STATE MAINTENANCE FEE	7,706	429	3,853
Out-of-State Tuition	10,466	580	5,233
<b>TOTAL OUT-OF-STATE FEE</b>	<b>18,172</b>	<b>1,010</b>	<b>9,086</b>

Parking Fees per month	\$15.00
Health Insurance (Student Only)	\$791.00
Hepatitis Immunization Year 1/1st sem)	\$200.00
Malpractice Insurance 1st sem	\$27.00
Student Assistant Program (SAP)	\$9.25

### COLL. OF ALLIED HEALTH SCIENCES\*

Dental Hygiene\*\*\* (03)

#### ALLIED HEALTH SEMESTER PROGRAMS:

# UT HEALTH SCIENCE CENTER APPROVED TUITION/FEEES

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IN-STATE MAINTENANCE FEE	4,466	187	2,233	Dental Hygiene Kit (1st semester only)	\$2,500.00																																																																																																														
Out-of-State Tuition	10,098	420	5,049																																																																																																																
TOTAL OUT-OF-STATE FEE	14,564	607	7,282																																																																																																																
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Physical Therapy-Masters*** (3 Year)-(14)				Parking Fees per month	\$15.00																																																																																																														
IN-STATE MAINTENANCE FEE	7,436	414	3,718	Health Insurance (Student Only)	\$791.00																																																																																																														
Out-of-State Tuition	10,096	560	5,048	Hepatitis Immunization Year 1/1st sem)	\$200.00																																																																																																														
TOTAL OUT-OF-STATE FEE	17,532	974	8,766	Malpractice Insurance 1st sem	\$27.00																																																																																																														
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Physical Therapy - Graduate* (12,13,15)																																																																																																																			
IN-STATE MAINTENANCE FEE	5,466	342	2,733	Parking Fees per month	\$15.00																																																																																																														
Out-of-State Tuition	10,094	631	5,047	Health Insurance (Student Only)	\$791.00																																																																																																														
TOTAL OUT-OF-STATE FEE	15,560	973	7,780	Hepatitis Immunization Year 1/1st sem)	\$200.00																																																																																																														
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UNIVERSITY FEES ARE DETERMINED BY THE BOARD OF TRUSTEES AND ARE SUBJECT TO CHANGE WITHOUT NOTICE

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APPROVED FEES FY 2005-06		
Annual	Per Hour	Per Semester

Other Fees (Note 1: Activity/Health Estimate)
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All students required to carry Student Assit Ins (SAP)18.50/yr
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Out-of-State Tuition	3,146	262	3,146
TOTAL OUT-OF-STATE FEE	4,582	382	4,582

**NOTES:**

\*The College of Medicine Optional Academic Program expands the first two years of the regular medicine curriculum to three years. With the Expanded Program those students extending their education do so to provide research, to pursue additional academic work, or for a variety of personal needs.

\* MINIMUM CHARGE: Two Semester Hours

\* MINIMUM CHARGE: Four Semester/ Trimester Hours

1/19/2006 13:02

**NOTE 1:**

Health Science Center students are not charged a separate Activity/Health Fee like other students on UT campuses because the Health Science enrollment is not sufficient to cover the actual cost of these services. Following is an estimate of the activity and health contribution per student. (This represents less than one-half of the cost of providing these services to UTHSC students:

Student Health Service Fees	140.00
Student Activity Fee	187.00
(See Breakdown Below)	
<b>Total Estimated Contribution</b>	<b>327.00</b>

Student Activity Fees Breakdown:

Year Book	22.00
Cap and Gown	11.00
Activity Fees	50.00
Campus Improvement Fund	50.00
Debt Service	54.00
<b>Total Activity Fees</b>	<b>187.00</b>