

Data Collection Worksheet Form

* required field

School
Capella University

Discipline
Registered Nurse

Degree
Graduate

Thank you for creating a DCW! The form can be completed in 3 easy steps. Please note that all information must be filled in properly to avoid any processing errors which could result in delayed and/or incorrect payments which may adversely affect the student. The deadline date for submission of this information is 06/16/2017 11:59 PM EST.

1. ANNUAL TUITION (2017-2018 AMOUNT)

Please enter in the tuition amount to be enrolled for both an in-state resident as well as an out-of-state resident for an **entire ACADEMIC year**. Therefore, if your institution uses a semester system; please include the tuition amount to be enrolled in as a full-time student for each semester (summer, fall, and spring semesters (3 semesters)). If your institution uses a quarter system; please include the tuition amount to be enrolled in as a full time student for a fall, winter, spring, and summer quarter (4 quarters).

Annual Tuition Example: if in-state tuition is \$15,000 for 1 academic year (semester/quarter), please enter \$15,000 for "1st Year Student" and \$15,000 for each subsequent year.

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Resident *				
Non-Resident *				

2. FEES

Please enter in the fee amount for an **entire ACADEMIC year** for each fee type. The fee types listed are the only eligible fees for the NURSE Corps Scholarship Program. As institutions may have varying names for the types of fees on the form, if a required fee at your institution does not fit into any of the fee categories noted, please list that fee in the "Other" heading. You will only be allowed to add 1 other fee. **Please note** that "Other" fees may not be eligible for reimbursement due to NURSE Corps Scholarship Program fee restrictions.

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Academic Support Services				
Administrative Fee				
Background Check				
Building Use / Campus Use Fee / Facility Fee				
Capstone Course (if required) - mandatory preparatory course				
Career Resource Fee				
Computer Use Fee				
Counseling Fees				
Curriculum Fee				
Disability Insurance (if required of all students)				
Drug Testing				
Education Fee				
Graduation Fee - for students in last year of program				
Health Insurance - for students only (if required)				

Health Services Fee and Immunizations
Laboratory Fee
Library Fee
Malpractice Insurance (if required)
Material Fees / Nursing Material Fee (if required and does Not include books)
Matriculation Fee
NCLEX Review (if required) - mandatory preparatory course
Online Tuition - for a course; not an entire program
Processing Fee
Recreation Fee
Registration Fee
Student Activities Fee
Student Association and Union - for campus services; not educational associations
Student Government
Student Initiated Fees (if required) - to fund campus programs and services
Student Services Fee
Technology Fee
Testing (if required) - for course advancement
Transcript Fee
Transportation (if required) - for campus-wide system only
University Fee
Other Fees

3. OTHER REASONABLE COSTS (ORCS)

Please enter the ORC amount for an **entire ACADEMIC year** for each ORC type. The NURSE Corps Scholarship Program only offers ORC amounts for the following three three categories: Books, Clinical Supplies/instruments, and Uniforms.

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Books				
Clinical Supplies/Instruments				
Uniforms				

Please explain any "other" fees in the comments section below.

I approve this Data Collection Worksheet

Existing Comments

There are no existing comments.

New Comments