

Special Course and Academic Program Fee

Application Form

Signature Page

Prepared By:

Victoria Foster _____ Victoria Foster _____ 9-5-2019 _____
 Signature Printed Name Date

The Chair/Associate Dean and Dean of the College requesting this fee must sign the signature page prior to review of this Application Form by the Special Course and Academic Fees Advisory Committee.

Chair/Associate Dean/Associate VPAA _____ College Dean (if applicable) _____
[Signature] _____ 9/27/19 _____
 Signature Date Signature Date

By signing you are indicating that you agree to this fee or a revised version of this fee.

Chair of the Special Course and Academic Fees Advisory Committee:

Michelle Trulay _____ Nov 1, 2019 _____
 Signature Date

Provost

Kevin Demmitt _____ Nov 1, 2019 _____
kevin.demmitt@clayton.edu kevin.demmitt@clayton.edu (Nov 1, 2019)
 Signature Date

President

[Signature] _____ Nov 1, 2019 _____
 Signature Date

After Approved by President Submit Form to Budget Office with any revisions made.

Fund	Department	Program	Class	Accounts
10600	0610210	11100	11000	700000 - 800000

Fee Name	Committee Review Comments	FY19 amount reviewed/FY20 Collecting/FY21 approved	Requires Application to USG/BoR? Yes or No
Nursing Program fee	<p><i>Review comments:</i> Narrative was missing. \$52,000 remained encumbered/unspent and this occurred last year. The committee felt uncomfortable with this and would like an explanation before committee will approve the continuation of the fee for FY21. An appeal containing a narrative for the review is required.</p> <p><i>Application comments:</i> Application Committee Comments/Results: Before committee is willing to accept the application for FY21 they are requesting a narrative to explain the large amount encumbered and unspent on the FY19 review.</p> <p><i>Appeal Comments:</i> Budget manager provided the expected narrative and the committee approved the fee for FY21, but wants to send an important reminder that the narrative, which was not included in the original submission is required each year.</p>	FY19: \$283/semester program fee FY 20: \$283/semester program fee FY 21: \$283/semester program fee	Yes

Special Course and Academic Program Fee

Application Form

Date of Application: September 5, 2019

College/Department: College of Health/Nursing

Fee Name: Undergraduate Nursing Program Fee

Choose one of the following:

- Newly proposed fee Existing fee that will change
(increase/decrease/eliminate) Reapplication of an existing fee
Indicate which situation applies that will not change

Choose one:

- Academic Program Fee Supplemental Course Material or Laboratory Fee

Supplemental Course Material or Laboratory Fees (Only complete this section if you are proposing a course fee.):

List the courses for which this fee will apply:

Answer the following for all of the courses you listed above (collectively). So for example if you list 3 courses you will provide the projected annual enrollment for all 3 courses combined. To calculate annual revenue multiply the annual enrollment by the fee cost per student.

Projected Annual Enrollment: _____ Fee amount per student: _____ Annual Revenue \$ _____

Do all students in each of these courses have to pay the course fee? _____ (if not, explain who will pay the fee)

Academic Program Fees (Only complete this section if you are proposing a program fee.):

Which academic program will this fee support? Undergraduate Nursing Program

Answer the following for the program you listed above. Annual enrollment would be the number of students paying the fee in a given academic year. To calculate the annual revenue multiply the annual enrollment times the number of semesters the fee must be paid annually. IF the fee is paid only once upon acceptance into the program then annual enrollment would be the expected number of new students annually.

Projected Annual Enrollment : 400 Fee amount per student: \$283.00

NURS Program Fee-\$283.00/semester

How often will a given student have to pay the fee?

- Only once (when the student is accepted into the program) Each semester the student is enrolled in the program Once per year
Which semester? _____
Is summer term included? no

Annual Revenue: \$113,200.00

Do all students enrolled in this program have to pay the fee? yes (If not, explain who will pay the fee)

Special Course and Academic Program Fee

Application Form

Attach the following to this form:

- A narrative justification for the fee. Make certain to include the following:
 - o Description of how the fee revenue will be spent (be as specific as possible).
 - Standardized Kaplan testing fees - \$250 per year per student
 - Nurse Pack containing small personal nursing equipment - \$100 one-time fee per student
 - Malpractice Insurance - \$50 per year per student (Note: The malpractice fees are paid annually and because of the timing of a student's admission, they may be required to pay this annual fee twice or three times. We have averaged the malpractice fee to make up for the variation
 - Partial funding of simulation/laboratory equipment-approximately \$57,600 per year
 - Partial payment of equipment warranties
 - Replacement of Laboratory Supplies as needed
 - o Justify why the program's department/college budget cannot support these expenditures.

Allocated budgets for the School of Nursing were developed prior to the implementation of the nursing simulation lab; therefore, our nursing program state allocated budget doesn't address expenses associated with running a high fidelity simulation lab. The School of Nursing budget is insufficient to cover the cost of standardized testing for students required to prepare them to take State Board Exams.
 - o Describe the benefit this revenue will provide to the students who are paying it.

These fees allow our students experiential experiences such as high fidelity simulation and items need to practice basic nursing skills in a safe environment prior to practicing on patients. Testing will allow the faculty members to evaluate our students' progress in the program and compare our students outcomes to similar in other benchmarked schools. Experience in the simulation lab is likely to increase success on RN Licensure Examination.
 - o If your request is denied describe what impact this will have on your program.

This would be a great disadvantage to the students and would not allow faculty to evaluate the effectiveness of teaching strategies used within the program and significantly decrease our students' chances of success on RN Licensure Examination. This could impact our accreditation status with both the GA Board of Nursing and CCNE.
 - o If you require other fees to support the same program(s) where these particular fees are applied, you will need to describe those other fees and indicate the total cost to the students in those programs.

N/A







Nursing Program Application

Final Audit Report

2019-11-01

Created:	2019-11-01
By:	Michelle Furlong (michellefurlong@clayton.edu)
Status:	Signed
Transaction ID:	CBJCHBCAABAAMY_uY_klk7oUoxhh9STOCy8bXiRqnkf3

"Nursing Program Application" History

-  Document created by Michelle Furlong (michellefurlong@clayton.edu)
2019-11-01 - 6:03:41 PM GMT- IP address: 168.28.39.54
-  Document e-signed by Michelle Furlong (michellefurlong@clayton.edu)
Signature Date: 2019-11-01 - 6:04:47 PM GMT - Time Source: server- IP address: 168.28.39.54
-  Document emailed to kevinemmitt@clayton.edu kevinemmitt@clayton.edu (kevinemmitt@clayton.edu) for signature
2019-11-01 - 6:04:49 PM GMT
-  Email viewed by kevinemmitt@clayton.edu kevinemmitt@clayton.edu (kevinemmitt@clayton.edu)
2019-11-01 - 7:47:50 PM GMT- IP address: 168.28.50.54
-  Document e-signed by kevinemmitt@clayton.edu kevinemmitt@clayton.edu (kevinemmitt@clayton.edu)
Signature Date: 2019-11-01 - 7:48:12 PM GMT - Time Source: server- IP address: 168.28.50.54
-  Document emailed to Thomas Hynes (thomashynes@clayton.edu) for signature
2019-11-01 - 7:48:14 PM GMT
-  Email viewed by Thomas Hynes (thomashynes@clayton.edu)
2019-11-01 - 9:29:45 PM GMT- IP address: 168.28.242.8
-  Document e-signed by Thomas Hynes (thomashynes@clayton.edu)
Signature Date: 2019-11-01 - 9:29:53 PM GMT - Time Source: server- IP address: 168.28.242.8
-  Signed document emailed to kevinemmitt@clayton.edu kevinemmitt@clayton.edu (kevinemmitt@clayton.edu), bcarr@student.clayton.edu, Thomas Hynes (thomashynes@clayton.edu), francestroutman@clayton.edu, and 1 more
2019-11-01 - 9:29:53 PM GMT