

Special Course and Academic Program Fee

Application Form

Signature Page

Prepared By:

Vicky Stewart
Signature

Vicky Stewart
Printed Name

9/23/16
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

Signature Date

College Dean (if applicable)

[Signature] 9/23/16
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 Furlong

DN: cn=Michelle Furlong, o=Clayton State University, ou=Biology,
email=mfurlong@clayton.edu, c=US
Date: 2016.10.24 13:39:46 -04'00'

Signature Date

Provost

[Signature]
Signature

12/31/16
Date

President

[Signature]
Signature

10-31-16
Date

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

Fund	Department	Program	Class	Accounts
10600	0610210	11100	11000	700000

Committee Recommendations: The SCAPFA committee approved the Nursing Program fee for FY18 and we do not recommend any changes to it. While some revenue remained it was only 3% (\$3,29541) of the total revenue collected. However the fees remaining could be used for the nursing simulation supplies that are currently purchased with the HLTH 3202 fee (\$1,092.40) and the HLTH 3202 fee can be eliminated, which would save students some money.

Special Course and Academic Program Fee

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Date of Application: 9/23/16

College/Department: College of Health - School of Nursing

Fee Name: 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, but requires
BOR approval.

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: 390 Fee amount per student: \$283

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: \$ 110,370

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

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Attach the following to this form:

- **A narrative justification for the fee. Make certain to include the following:**
 - **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 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 total per year
 - Partial payment of equipment warranties
 - Replacement of Laboratory Supplies as needed.
 - **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. In addition, we have incurred budget cuts for this next fiscal year. School of Nursing Budget is insufficient to cover the cost of standardize testing for students required to prepare them to take State Board Exams.
 - **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 needed to practice basic nursing skills in a safe environment prior to practicing on patients. Testing will allow the faculty members to evaluate our student's progress in the program and compare to other students nationally for success in passing state board examination.
 - **If your request is denied describe what impact this will have on your program.**

This would be very detrimental to the students and would not allow faculty to evaluate the effectiveness of teaching strategies used within the program and significantly disadvantage our student's readiness to take the State Board Examination.
 - **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