



**Indiana
Professional
Licensing
Agency**

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2043
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

ANNUAL REPORT FOR PROGRAMS IN NURSING

Guidelines: An Annual Report prepared and submitted by the faculty of the school of nursing, will provide the Indiana State Board of Nursing with a clear picture of how the nursing program is currently operating and its compliance with the regulations governing the professional and/or practical nurse education program(s) in the State of Indiana. The Annual Report is intended to inform the Education Subcommittee and the Indiana State Board of Nursing of program operations during the academic reporting year. This information will be posted on the Board's website and will be available for public viewing.

Purpose: To provide a mechanism to provide consumers with information regarding nursing programs in Indiana and monitor complaints essential to the maintenance of a quality nursing education program.

Directions: To complete the Annual Report form attached, use data from your academic reporting year unless otherwise indicated. An example of an academic reporting year may be: August 1, 2012 through July 31, 2013. Academic reporting years may vary among institutions based on a number of factors including budget year, type of program delivery system, etc. Once your program specifies its academic reporting year, the program must utilize this same date range for each consecutive academic reporting year to insure no gaps in reporting. You must complete a **SEPARATE report** for each PN, ASN and BSN program.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: PLA2@PLA.IN.GOV. Please place in the subject line "Annual Report (Insert School Name) (Insert Type of Program) (Insert Academic Reporting Year)". For example, "Annual Report ABC School of Nursing ASN Program 2013." The Board may also request your most recent school catalog, student handbook, nursing school brochures or other documentation as it sees fit. It is the program's responsibility to keep these documents on file and to provide them to the Board in a timely manner if requested.

Indicate Type of Nursing Program for this Report: PN _____ ASN X _____ BSN _____

Dates of Academic Reporting Year: _____ August 1, 2012 to July 31, 2013 _____
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: University of Saint Francis _____

Address: 12800 Mississippi Parkway, Pavilion U, Crown Point, IN 46307 _____

Dean/Director of Nursing Program

Name and Credentials: Margaret Stoffregen-DeYoung RN, MS _____

Title: Director of Nursing- CP Email: mstoffregen@sf.edu _____

Nursing Program Phone #: 219-488-8888 Fax: 219-488-8889 _____

Website Address: www.sf.edu/crownpoint _____



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Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): NONE

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: October 3,2012

If you are not accredited by NLNAC or CCNE where are you at in the process? _____

SECTION 1: ADMINISTRATION

Using an "X" indicate whether you have made any of the following changes during the preceding academic year. For all "yes" responses you must attach an explanation or description.

- 1) Change in ownership, legal status or form of control Yes ___ No X
- 2) Change in mission or program objectives Yes ___ No X
- 3) Change in credentials of Dean or Director Yes X* No ___
- 4) Change in Dean or Director Yes X* No ___
- 5) Change in the responsibilities of Dean or Director Yes X* No ___
- 6) Change in program resources/facilities Yes ___ No X
- 7) Does the program have adequate library resources? Yes X No ___
- 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) Yes ___ No X
- 9) Major changes in curriculum (list if positive response) Yes ___ No X

* # 3-5: explanation of changes sent in August,2013

SECTION 2: PROGRAM



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1A.) How would you characterize your program's performance on the NCLEX for the most recent academic year as compared to previous years? Increasing _____ Stable _____ Declining X

1B.) If you identified your performance as declining, what steps is the program taking to address this issue? *Request to increase # number of faculty to 7 from 5. Faculty working on integrating ATI products into curriculum Spring 2013 – Fall 2013. Capstone Content Review pilot Fall 2013 – Spring 2014*

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?
Yes _____ No X

2B.) If **not**, explain how you assess student readiness for the NCLEX. _____

Must take a test but do not have to pass to graduate. ATI Comprehensive Predictor passed with 82% chance of passing NCLEX on 2 attempts. See next...

2C.) If **so**, which exam(s) do you require?

If fails Comprehensive Predictor, provide proof of successful completion of NCLEX review course.

2D.) When in the program are comprehensive exams taken: Upon Completion _____
As part of a course X Ties to progression or thru curriculum X

2E.) If taken as part of a course, please identify course(s): Medical-Surgical III, NURS 285

3.) Describe any challenges/parameters on the capacity of your program below:

A. Faculty recruitment/retention: *Marked difficulty recruiting MSN prepared faculty, low response rate to advertised position*

B. Availability of clinical placements: _____

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): _____

4.) At what point does your program conduct a criminal background check on students?

Prior to students attending first clinical

5.) At what point and in what manner are students apprised of the criminal background check for your program? *Upon inquiry on fact sheet and again at acceptance to the program via letter.*



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SECTION 3: STUDENT INFORMATION

1.) Total number of students admitted in academic reporting year:

Summer 2012- 0 Fall 2012- 32 Spring 2013 - 27

2.) Total number of graduates in academic reporting year:

Summer 2012 - 0 Fall 2012 - 24 Spring 2013 - 27

3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report.

4.) Indicate the type of program delivery system:

Semesters X Quarters _____ Other (specify): _____

SECTION 4: FACULTY INFORMATION

A. Provide the following information for **all faculty new** to your program in the academic reporting year (attach additional pages if necessary):

B. Faculty Name:	Kelly Elder
Indiana License Number:	281887A
Full or Part Time:	Full Time
Date of Appointment:	August 17, 2012
Highest Degree:	Associate in Science -Nursing
Responsibilities:	Child Health Nursing Theory and Clinical

Faculty Name:	Marsha King
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Indiana License Number:	28060484A
Full or Part Time:	Half Time
Date of Appointment:	July 2012
Highest Degree:	Master in Business Administration / Master of Science - Nursing
Responsibilities:	Director Nursing Resource Center / Simulation Lab

Faculty Name:	Patricia Biancotti/Britton
Indiana License Number:	28149804A
Full or Part Time:	Adjunct
Date of Appointment:	August 17, 2012
Highest Degree:	Bachelor of Science Nursing
Responsibilities:	Clinical: Medical-Surgical Nursing II

Faculty Name:	Sarah Laurinas
Indiana License Number:	28162850A
Full or Part Time:	Adjunct
Date of Appointment:	August 17, 2012
Highest Degree:	Bachelor of Science Nursing
Responsibilities:	Clinical: Maternity Nursing

Faculty Name:	Nanette Lindesmith
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Indiana License Number:	28162483A
Full or Part Time:	Adjunct
Date of Appointment:	August 17, 2012
Highest Degree:	Bachelors of Science – Nursing
Responsibilities:	Clinical: Maternity Nursing

Faculty Name:	Lori Morrow
Indiana License Number:	28137688A
Full or Part Time:	Adjunct
Date of Appointment:	August 17, 2012
Highest Degree:	Master in Science - Nursing Family Nurse Practitioner Program
Responsibilities:	Clinical: Medical –Surgical Nursing III

Faculty Name:	Kimberly Valich
Indiana License Number:	28107529A
Full or Part Time:	Adjunct / Full Time
Date of Appointment:	August 17, 2012 / January 2013
Highest Degree:	Master of Science – Nursing
Responsibilities:	Pharmacology Theory, Clinical Medical – Surgical Nursing I and III/ Pharmacology Theory, Medical Surgical Nursing III Theory and Clinical Medical – Surgical Nursing III



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Faculty Name:	Marianne Schallmo
Indiana License Number:	28115564A
Full or Part Time:	Adjunct
Date of Appointment:	January 2013
Highest Degree:	Family Nurse Practitioner, Masters of Science - Nursing
Responsibilities:	Medical- Surgical Nursing II

Faculty Name:	Kathleen Peceny
Indiana License Number:	28092830A
Full or Part Time:	Adjunct
Date of Appointment:	January 2013
Highest Degree:	Bachelor Science – Nursing
Responsibilities:	CLINICAL: Medical-Surgical Nursing I

Faculty Name:	Cheryl VanDeurson
Indiana License Number:	28117895A
Full or Part Time:	Adjunct
Date of Appointment:	January 2013
Highest Degree:	Certified Nurse Midwife, Masters of Science-Nursing
Responsibilities:	Clinical: Maternity Nursing



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B. Total faculty teaching in your program in the academic reporting year:

1. Number of full time faculty: 5 plus Nursing Program Director
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 0 if only teaching clinical
4. Number of part time clinical faculty: 1 HALF Time
5. Number of adjunct faculty: 13

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 10
3. Number with baccalaureate degree in nursing: 8
4. Other credential(s). Please specify type and number: 2 RN-MSN w/BSN Coursework completed

D. Given this information, does your program meet the criteria outlined in 848 IAC 1-2-13 or 848 IAC 1-2-14?

Yes _____ No **X**

Two additional full time faculty requested and approved for Fall 2013-Spring 2014

A 3rd full time faculty requested for Fall 2014-Spring 2015

E. Please attach the following documents to the Annual Report in compliance with 848 IAC 1-2-23:

1. A list of faculty no longer employed by the institution since the last Annual Report;
2. An organizational chart for the nursing program and the parent institution.



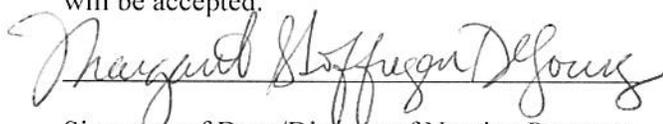
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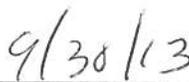
Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.



Signature of Dean/Director of Nursing Program



Date

Margaret Stoffregen-DeYoung

Printed Name of Dean/Director of Nursing Program

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.



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Definitions from CCNE:

Potential Complainants

A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees, or the public.

Guidelines for the Complainant

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint.

The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.



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ATTACHMENT E. 1. A list of faculty no longer employed by the institution since the last Annual Report;

Georgene Darnell: May 2012 - Left to further clinical practice

Diane Harder: December 2012 – Retirement



National League for Nursing Accrediting Commission, Inc.

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March 27, 2013

Amy Knepp, MSN, RN, NP-C
Chair
Department of Nursing
University of Saint Francis
2701 Spring Street
Fort Wayne, IN 46808

Dear Ms. Knepp:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission (NLNAC) at its meeting on March 7-8, 2013. The Board of Commissioners granted the associate nursing program continuing accreditation with the condition that the program submit a Follow-Up Report in two (2) years. If the Follow-Up Report is accepted by the Board of Commissioners, the next evaluation visit will be scheduled for Fall 2020.

Deliberations centered on the Self-Study Report, the School Catalog, the Site Visitors' Report, and the recommendation for accreditation proposed by the Program Evaluators and the Evaluation Review Panel. (See Summary of Deliberations and Recommendation of the Evaluation Review Panel.)

The Board of Commissioners identified the following evidence of non-compliance and areas needing development:

Evidence of Non-Compliance by Accreditation Standard and Criterion

Standard 2 Faculty and Staff, Criteria 2.1, 2.1.1, 2.1.2, 2.2, 2.3, and 2.4

- There is a lack of evidence that all full-time faculty are credentialed with a minimum of a master's degree with a major in nursing.
- There is a lack of evidence that the majority of part-time faculty are credentialed with a minimum of a master's degree with a major in nursing.

University of Saint Francis
Page 1

Evidence of Non-Compliance by Accreditation Standard and Criterion (continued)

Standard 2 Faculty and Staff, Criteria 2.1, 2.1.1, 2.1.2, 2.2, 2.3, and 2.4 (continued)

- There is a lack of evidence and rationale for the utilization of faculty who do not meet the minimum credentials.
- There is a lack of evidence that faculty (full- and part-time) credentials meet the governing organization and state requirements.
- There is a lack of evidence the credentials of practice laboratory personnel are commensurate with their level of responsibilities.
- There is a lack of evidence that the number and utilization of full-time and part-time faculty ensure that program outcomes are achieved.

Standard 6 Outcomes, Criteria 6.1 and 6.2

- There is a lack of evidence that the systematic plan emphasizes the ongoing assessment and evaluation of the program outcomes, the student learning outcomes, and the NLNAC Standards.
- There is a lack of evidence that aggregated evaluation findings inform program decision-making to maintain or improve the student learning outcomes.
- There is a lack of evidence that the expected levels of achievement are specific and measurable.

Areas Needing Development by Accreditation Standard

Standard 1 Mission and Administrative Capacity

- Implement strategies to ensure student representation in the governance of the governing organization and nursing education unit.

Standard 4 Curriculum

- Ensure the curriculum incorporates current professional standards, guidelines, and competencies.
- Ensure the student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct student activities, and evaluate student progress.

Standard 6 Outcomes

- Develop strategies to meet the expected levels of achievement for role preparation.
- Develop strategies to meet the expected level of achievement for licensure examination pass rates.
- Implement strategies to meet the expected level of achievement for program completion.
- Implement strategies to ensure sufficient data are collected to assess program satisfaction.

A Follow-Up Report requires the nursing education unit to demonstrate compliance with a specific Accreditation Standard or Standards. The Follow-Up Report for the associate program is to address Standard 2 Faculty and Staff and Standard 6 Outcomes. The Report is to be submitted to NLNAC in the Spring 2015 Accreditation Cycle by February 15, 2015.

At the time of its review of the Follow-Up Report, the Board of Commissioners will either affirm the next evaluation visit or deny continuing accreditation and remove the nursing program from the list of accredited programs. We recommend contacting a member of the NLNAC professional staff after reviewing this decision letter.

On behalf of the Board of Commissioners, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about Commission policies and procedures, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Sharon Tanner". The signature is written in a cursive, flowing style.

Sharon J. Tanner, EdD, RN
Chief Executive Officer

cc: Bonnie Hesselberg, Program Evaluator
Cynthia Frazer, Program Evaluator
Mary Moseley, Program Evaluator
Sharon Hancharik, Program Evaluator

Enc. Summary of Deliberations of the Evaluation Review Panel

SUMMARY OF DELIBERATIONS AND RECOMMENDATION OF THE
ASSOCIATE EVALUATION REVIEW PANEL
FALL 2012 ACCREDITATION CYCLE

UNIVERSITY OF SAINT FRANCIS
INDIANA

Program Accreditation History

Established: 1978 Initial Accreditation: 1993 Last Evaluation Visit: Fall 2004
Action: Continuing Accreditation

Overview

Length of Program: Generic: 68 credits; five (5) semesters
LPN-ASN: 70 credits; four (4) semesters

Number of Students: 289 Full-time: 146 Part-time: 143

Number of Faculty: 41 Full-time: 18 Part-time: 23

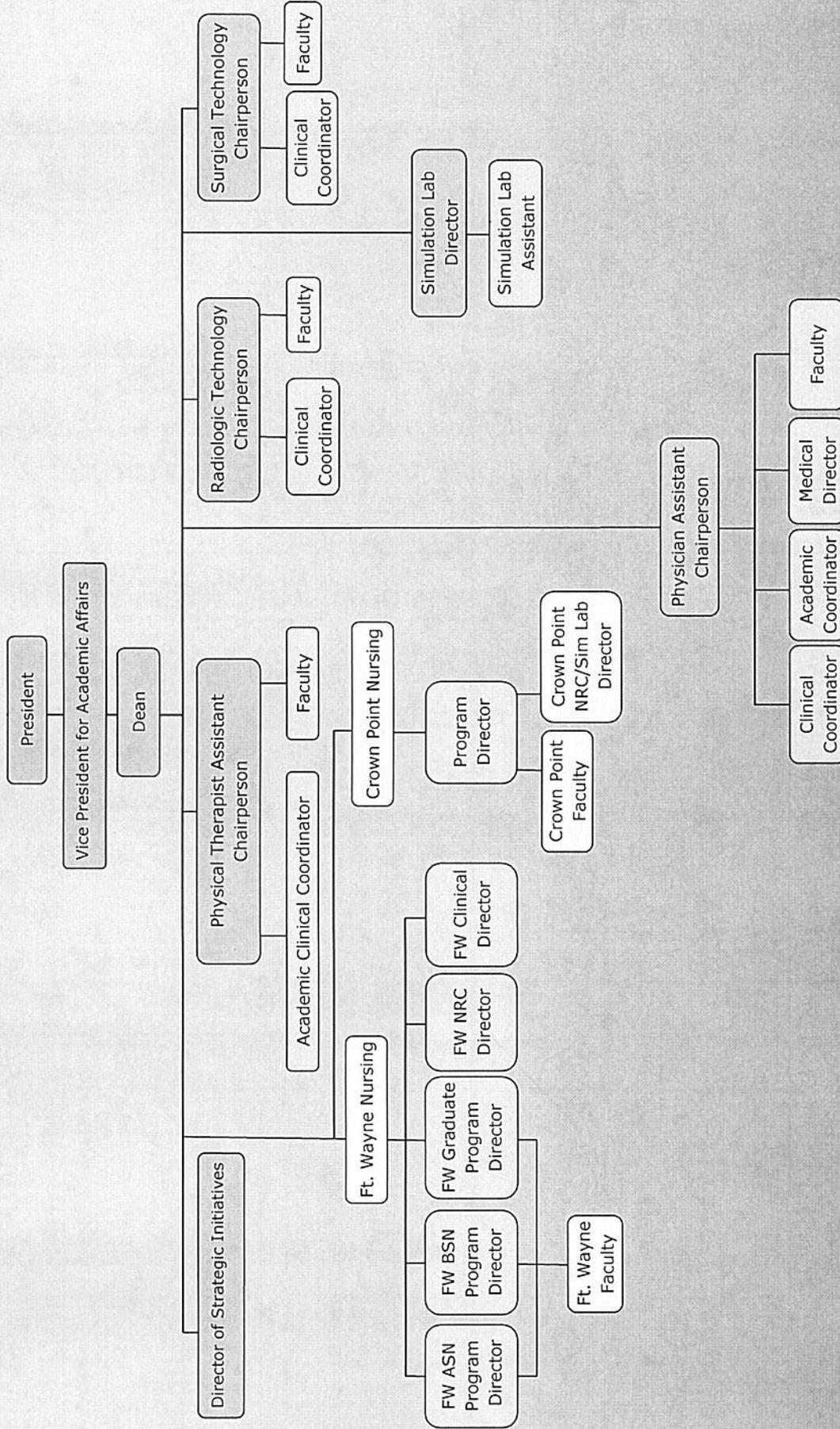
Evaluation Review Panel Summary

Recommendation:

Continuing accreditation with conditions as the program is in non-compliance with two (2) Accreditation Standards. Follow-Up Report due in two (2) years. Next visit in eight (8) years if the Report is accepted by the Board of Commissioners.

School of Health Sciences Organizational Chart

Policy 1.1
Revised 8-2013



NURSING DOCUMENTATION OF ACADEMIC STUDENT COMPLAINTS 2012/2013 Fort Wayne

Date The Complaint Was Formally Submitted	School	Who Received The Complaint	The Nature Of The Complaint	Steps Taken To Resolve The Complaint	The Final Decision Regarding The Complaint	Any Further Actions Taken By The Student, Such As A Lawsuit Or EEOC Investigation
8/28/2012	SOHS	Mindy Yoder	MSN students stated that they did not have easy access to a computer lab or printer since none available in Doermer.	F/U with Dean and UTS about decision to remove previous computer lab; and future plans to accommodate computers/printers in Doermer.	On Nov 1 st , students were notified that 3 computers and a printer, located in Doer 223, were available for student use.	None.
Fall Term	SOHS	Megan Winegarden and Jennifer Richard	NURS 201 students complaints regarding having 72 students in their class	Students offered opportunity to split class into two different days/times, change the venue of the class.	Students did not wish to take advantage of either of these two options.	None.
12/14/12	SOHS	Megan Winegarden	BSN student dismissed for failure to earn a minimum of a B- in NURS 270 & NURS 303.	Student initiated the appeal process. Met with faculty and PD to review grades. Appt. made with the Dept. Chair and failed to show for appt., phone call. Made another appointment and met with chair who upheld the decision. The student met with the Dean (after no show for one appt.) who upheld the dismissal decision.	In progress (02-2013). Anticipate student pursuing appeal through VPAA.	None.

Date The Complaint Was Formally Submitted	School	Who Received The Complaint	The Nature Of The Complaint	Steps Taken To Resolve The Complaint	The Final Decision Regarding The Complaint	Any Further Actions Taken By The Student, Such As A Lawsuit Or EEOC Investigation
12/18/12	SOHS	Nancy Davenport	ASN student dismissed due to failure to earn minimum B- in NURS 285. Student's second nursing course failure.	ASN student initiated appeal process. Student met with faculty who issued grade, followed by Dept. Chair as indicated in steps of appeal process. Grade as submitted was upheld by faculty and Chair. Dean reviewed grade appeal and upheld grade as issued.	Grade as issued was upheld. Student did not pursue next step of appeal's process after meeting with Dean.	None.
12/18/12	SOHS	Margaret Stoffregen-DeYoung	ASN Student dismissed due to achieving less than B- in NURS 285. Second Nursing failure.	Student initiated appeal process. Met with faculty and PD to review grades follow up by Dept chair. Grade upheld.	Student allowed to return. Must complete in Spring 2013.	None.
12/19/12	SOHS	Megan Winegarten	BSN student appealed a grade of C+ in NURS 325	Student initiated appeal process met with PD and faculty. Grade up-held by PD. No further appeal by student.	Grade upheld. Appeal denied.	None.
1/15/13	SOHS	Margaret Stoffregen-DeYoung	ASN Student dismissed due to achieving less than B- in NURS 245 and NURS 224.	Student initiated appeal process met with faculty for NURS 245, grades reviewed and not challenged further until returned after start of semester and reports she was not advised	Appeal denied.	None.

Date The Complaint Was Formally Submitted	School	Who Received The Complaint	The Nature Of The Complaint	Steps Taken To Resolve The Complaint	The Final Decision Regarding The Complaint	Any Further Actions Taken By The Student, Such As A Lawsuit Or EEOC Investigation
5/1/2013	SOHS	Nancy Davenport	ASN Student dismissed due to failure to earn minimum grade of B- in NURS 223. Unable to complete program in maximum of 8 semesters.	to WP by instructor or advisor. Student asked for exception to policy requiring completion in no more than 8 semesters. Program Director met with student, reviewed student's record and consulted with Chair. Student informed multiple times regarding policy as identified in Student Record. Program Director informed student that exception to policy would not be made. Student requested to meet with Chair.		
5/30/13	SOHS	Amy Knepp	ASN Student dismissed due to failure to earn minimum grade of B- in NURS 223. Second Academic Probation.	Student contacted President's Office requesting an exception be made due to her personal circumstance. Chair contacted student per phone.		

Table 10
Faculty Ratios –CP
(PEP Section 5.02)

	F 09	Sp 10	F 10	Sp 11	F11	Sp12	F12	Sp13
F.T. faculty	3	3	4	4	5	5	5	5
Administrative faculty	1	1	1	1	1	1	1	1
Adjunct	4	6	4	8	5	10	11	11
FTUGDH (ASN)	17 (47.2%)	12 (34%)	16 (43%)	22 (40%)	27 (43%)	27 (32.5%)	26 (31%)	26(31%)
FTUGCH (ASN)	7 (19.4%)	9 (26%)	8 (17%)	9 (17%)	12 (19%)	14 (16.9%)	13 (16%)	13 (16%)
ADUGDH (ASN)	2 (5.6%)	3 (31%)	2 (5%)	2 (4%)	2 (3%)	2 (2%)	3 (3.6%)	3 (3.6%)
ADUGCH (ASN)	10 (27.7%)	11 (9%)	12 (32%)	21 (39%)	22 (35%)	40 (48%)	41 (49%)	41 (49%)
FT Faculty Credits	24 (66.6%)	21 (60%)	24	31	39	41	39	39
ASN: FT/Total ASN hrs	24 (66.6%)	21/35 (60%)	24/38 (63%)	31/54 (57%)	39/63 (62%)	41/83 (49%)	39/83 (47%)	39/83 (47%)
ISBN ratio FT faculty*	3/7 (42.9%)	3/9 (33%)	4/8 (50%)	4/12 (33%)	5/10 (50%)	5/15 (33%)	5/16 (31%)	5/16 (31%)
Total hours	36	35	38	54	63	83	83	83

- FT undergraduate faculty/all undergraduate faculty (FT and adjunct) teaching undergraduate courses.