From: Malroutu, Lakshmi  
Sent: Thursday, December 10, 2015 2:27 PM  
To: Bowie, Sylvester G <bowies@csus.edu>; Chair, Faculty Senate <senate_chair@csus.edu>; Garcia, Kathy <kathy.garcia@csus.edu>  
Cc: Harmsen, Frederika <fraka.harmsen@csus.edu>; Nelsen, Robert <nelsen@csus.edu>; Cardoza, Daria Lisa <lisa.cardoza@csus.edu>; Smart, Cely A <cely.smart@csus.edu>  
Subject: Nursing Reapplication for Impaction Status

Hello Sylvester,

Per our campus program impaction policy, I am appending the School of Nursing’s reapplication for continued impaction status. Please contact me if you need any additional information.

Best,

Lakshmi

Lakshmi Malroutu, Ph.D.  
Assistant Vice President (Interim)  
Academic Enrollment and Resource Planning  
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December 9, 2015

To: Sylvester Bowie  
Chair, Faculty Senate

From: Lakshmi Malroute  
Interim AVP, Academic Enrollment & Resource Planning  
Office of Academic Affairs

RE: Reapprication for Impaction Status for the School of Nursing

Pursuant to Program Impaction policy, the School of Nursing is submitting its full reapprication for seeking impaction status. The document, which is appended, includes detailed information to address the criteria for seeking continued impaction status and the Nursing program data form. Please contact me if you have any questions or need additional information.

Thank you.
Full Reapplication for Impaction Status – School of Nursing
Fall 2015

We understand that impaction status is a drastic step to be taken only if all other options have been exhausted. Program impaction means that the number of applications from fully eligible students far exceeds the number of spaces available. The basic nursing major is impacted at all CSU campuses thus the issue is bigger than us. We have increased enrollment 67% since 2004. However, restrictions on program size are necessitated by the program's high costs due to certification requirements, clinical group size, specialty equipment and facilities costs, and difficulty obtaining and retaining nursing faculty.

In 2010, the Institute of Medicine (IOM) released a report which, in part called for higher levels of education for registered nurses. As a result, there has been even greater interest in our traditional Pre-Licensure Baccalaureate Nursing Program. According to the American Association of Colleges of Nursing (AACN), in “the 2014-2015 academic years, 68,936 qualified applications to professional nursing programs were turned away... The top reasons reported by nursing schools for not accepting all qualified students include insufficient clinical teaching sites, a lack of qualified faculty, limited classroom space, insufficient preceptors, and budget cuts” (AACN, 2015a, “Findings” section, §6).

There are some benefits to impaction. Since impaction in ≈ 1984, the School of nursing has maintained a high graduation rate for those admitted in comparison to other programs. Once admitted to the nursing program, students are guaranteed classes and progress to degree on time. Additionally, the quality of our graduates is outstanding as demonstrated by: higher than average pass rates on the National Council Licensure Examination (NCLEX) and a ≈ 94% employment rate within 6 months of graduation. It is acknowledged that there are negatives to impaction: delays to graduation and decreased retention.

To ease with the interpretation of this document, we are formatting it according to current Faculty Senate Policy.

A. Alternatives to Impaction Status

1. To increase program capacity or improve program flow. Once in our program, students are cohorted which means they are guaranteed all nursing classes. Access to nursing program courses is restricted. The only issue with program flow occurs when a student is unsuccessful in a class; in which case we have a system in place to facilitate progression.

a. Increased advising: The Faculty Student Mentor Program (FSMP) advising has been increased from 2 x/week to daily. One of our nursing faculty has consistently had assigned units for this work. Unfortunately, this takes one of our valued nursing faculty away from teaching within the program. Faculty issues will be discussed later in this reapplication report. The School of Nursing also holds monthly BSN group admissions advising at which ≈ 80 student / month attend. Additionally, the department of Academic Advising has hired a full-time Coordinator of Undeclared and Expressed Interest (EI) Advisor. This is a dedicated individual whose role is to help with retention and progression to
degree for students such as those who have expressed an interest in nursing.

b. We have worked with the chemistry department to create a chemistry pre-requisite for nursing students. The purpose of this was twofold: 1) to better prepare the students for the specific needs of the program and (2) to ease one area of bottleneck courses. This has been working however, if a student takes this course and is not admitted to the nursing program, this may not be counted for another program and delay graduation.

c. We piloted an Entry-Level Master’s (ELM) Program which ran year-round. Students in the ELM program were eligible for licensure prior to finishing the degree. If they obtained licensure prior to graduation they were classified as “non-degree holding” Registered Nurses which restricted them from practicing outside California. Unfortunately, the majority did gain licensure and employment in the region and did not complete the program due to competing demands. This program did result in increased enrollment but with little, if any, increase in faculty and high incompletion it was impossible to sustain. There was a high degree of faculty complaints and burnout. Many faculty were teaching 15 (weighted teaching units) WUTs in the academic year and upwards of 12 WTUs in summer. There was also an issue with summer stipends.

d. The ELM program changed to an Accelerated Second Bachelor’s Science of Nursing (ASBSN). We tried this as an independent institution with the same faculty issues as in the ELM program. Thus, we tried this as a collaborative with CSU-Stanislaus but our programs were not compatible and there was a high degree of student dissatisfaction. The collaborative program was run through the College of Continuing Education. The program also received external funding that was not renewed limiting our ability to maintain the program at the ‘state funded’ program student fees.

e. We have considered a direct admit alternative as is being piloted currently by CSU- San Diego. These types of program elsewhere have resulted in high attrition rates and increased length of programs. Reason for high attrition rates include students not academically prepared for the rigors of the nursing program and students changing their majors during the program. A direct entry program would require three tracks: one for traditional students, one for second baccalaureate students, and one for transfer students. This would result in a significant need to increase manpower required to track student progression.

f. The nursing program requires faculty for both didactic / laboratory classes and clinical classes. There are three primary of issues related to increasing the number of faculty. (1) Recruitment and retention of qualified faculty has been difficult. Faculty shortages have been identified by the AACN (2015b) and higher education (Ingeno, 2013). Currently we have been searching for a Maternal / Child faculty for ~ 6 months. We have received three applications from nurses with inadequate experience and educational qualifications. According to the AACN (2015b), a recent survey found that the “top reasons cited by schools having difficulty finding faculty were insufficient funds to hire new faculty (61.3%) and difficulty in recruiting qualified applicants for open teaching positions (56.5%)” (¶4). Higher compensation in clinical and private-sector setting sways registered nurses from becoming faculty. The “average salary of a nurse practitioner, across setting and specialties, is $91,310” (AACN,
which is significantly higher than a Master’s-prepared assistant professor in the school of nursing. Current practice at the CSUS is to hire doctorally prepared or ABD (all but dissertation) candidates into tenure-track positions. (2) Currently in the Sacramento region there is a shortage of clinical sites which means that even if we had faculty to teach an additional clinical section, it would be difficult to find a facility with space to accommodate this section. Hospitals are running at capacity to accommodate student on day, evening, and weekend shift. Although we have a robust simulation program, we cannot ameliorate the situation with simulation because our regulatory agency, the Board of Registered Nursing (BRN), mandates that no more than 25% of clinical hours be spent in simulation. Even if the BRN increased the percentage of simulation allowed to count as clinical experience, simulation creates a high faculty workload. (3) Our didactic / laboratory class size is already larger than most for the teaching unit allocations. The types of skills and procedures taught in laboratories requires low student-to-faculty ratios as these are skills and procedures which will subsequently be performed on critically ill individuals. Without adequate pre-clinical supervision, there is increased risk for medical errors. It is estimated that we would need an additional 20 faculty in order to increase program capacity.

g. The best alternative to increase capacity would be to negotiate a year round program. As many of our clinical agencies have decreased demands from schools of nursing during summer, access to clinical sites would be improved. In order to have the faculty issues we experienced in our ELM or ASBSN programs, two things would need to happen. (1) There have to be a negotiated agreement about faculty workload. This agreement could be in one of two forms: a) allow faculty to choose which two of three semesters they would like to teach or b) allow faculty to work 10 weighted teaching units per semester and be able to take vacations. (2) Higher more faculty and staff to teach and manage the larger number of students. It would be detrimental to the program outcomes to assume that summer classes could be managed solely by part-time adjunct faculty who often are not cognizant of the overall curriculum.

2. To reduce program demand.

a. Demand for nursing programs, especially BSN programs, remains high nationwide. Thus, it is not easily dealt with at the program level. “In the 2014-2015 academic year, 265,954 complete applications were received for entry-level baccalaureate nursing programs … and 119,428 applications accepted. This translates into an acceptance rate of 44.9%” (AACN, 2015a, “Findings” section, ¶3).

b. We do not offer minors and/or other programs/options/concentrations in our departmental unit.

c. We do not offer service course, general education, and elective course offerings that can be met by other departmental units. Courses that we do offer which are not in the nursing program roadmap support other programs.

d. Nursing courses required for degree are already restricted to students admitted to the program. As previously stated, students are cohorted which means they are
guaranteed all nursing classes. The only issue with program flow occurs when a student is unsuccessful in a class; in which case we have a system in place to facilitate progression.

e. We redesigned our program curriculum from requiring six (6) semesters to complete to a four (4) semester program. Then as mandated, we have reviewed our Program Roadmap and decreased the units to graduate from 132 units to 120. We deleted NURS 10: Health Care Issues and Delivery Systems, NURS 17: Gerontology, and NURS 167: Women’s Health as required courses. We removed NURS 14: Pharmacology as a pre-requisite course. The content from NURS 17 and NURS 14 was integrated and threaded through the remaining program.

f. The Department of Kinesiology and Health Science has proposed two bachelor degrees that will be interdisciplinary and flexible. The Bachelor of Arts in Health Services (41 units) and the Bachelor of Science in Health Services (55 units) are degrees for any student who is interested in careers in allied health professional. These programs are proposed for students seeking an alternate major to one that is impacted. They are ideal for students who cannot be admitted to nursing due to lack of available openings, lack of pre-requisites, or not meeting the standards for admittance.

B. Capacity and Demand – The requested program data table, listing program capacity and demand, for the system-level application for impaction status can be found in Appendix A. After the explanation of the number is a brief description of the methodology used to calculate each number as requested.

1. Capacity. Our current student capacity is 160/year (80/semester), our demand (expressed interest and enrolled) is \( \approx 1200 \) /year, and our actual applications are \( \approx 300-400 \) /year. We are in discussions of reducing this due to clinical agency impaction, pedagogy considerations, and workload. We have recently added two support staff positions; one for clinical placements and one for simulations support which has minimally decreased faculty workload. Limitations on capacity include:

a. Physical or other resources. Physical classroom size in Folsom Hall is adequate to increase class size to 100 students as determined by our largest computer lab used for testing (all classes conduct computerized testing to best prepare students for the computerized licensure examination – NCLEX). However, there are significant limitations with the SacCT system for testing in that they suggest test only be open to groups of 50 and have less than 50 questions per test. Many faculty use randomized test question selection from databases of 100-200 questions and include graphics such as cardiac monitor strips into the questions; all of which causes issues. Currently some faculty are testing students in groups without a compensation for additional faculty time. Additional resource limitations include availability of clinical agency sites to place students for clinical rotations and clinical preceptorships, funding constraints to maintain our simulation program, and faculty (faculty issues were addressed earlier in 1.f.). We currently have one of the best simulation laboratories in Northern California however, the cost to maintain and replace worn or outdated equipment is a challenge. Increased program capacity would
mean increased usage and increased costs which we are already struggling to meet.

b. Pedagogy and delivery format. (1) Skills labs require small groups of 10-15 students per faculty. The smaller groups are required to teach the more invasive skills where error could result in patient morbidity (long term illness) or mortality (death). (2) Clinical content requires groups of 8-10. The high acuity (level of illness) of the patients in the acute care setting makes it unsafe for faculty to supervise more than 8 students especially if each student has 2 or 3 patients (thus the faculty is monitoring care of 16-24 patients very sick people). Especially in the pediatric setting where the margin of acceptable error is extremely small, clinical group size must remain at 8 or, preferably, less. (3) One of the best methods to facilitate nursing student critical thinking is through use of case studies and simulation; actually working through clinical situations, integrating pathophysiology, pharmacology, interpersonal skills, interprofessional skills, and theory. This type of pedagogy demands small groups of students and is not conducive to our current class size of 80.

c. Faculty workload. (1) Health care is a discipline in which information is changing at a rapid pace. For example, new drugs are being marketed, health care systems developed, and medical conditions discov...
less. Since we are currently funded for 10 student per faculty in the clinical setting, faculty are challenged to find alternate experience for two of their 10 students each clinical day which meet with our BRN and accrediting agency approval. As it is difficult to find and maintain these alternative learning experiences, it is not reasonable to consider increasing the size of a clinical group and, as mentioned earlier, additional clinical group sites are difficult to secure.

2. **Demand.** Sources of demand include:
   
a. **High nursing wages** – California Register Nurse salaries are $43.68 mean average hourly or a $90,860 mean average annually (per the U.S. Department of Labor, Bureau of Labor Statistics).

b. **The program** – BSN entry into practice is seen as giving the graduate improved employment opportunities and is required to enter many residency programs. Our program has state of the art facilities including the best simulation lab in northern California. We are centrally located and offer quality education at a cost significantly lower than private colleges.

c. **Continuing students** – We admit 80 students per semester into a four semester program. Once into the program, there is little attrition. According to Cognos, at the beginning of each admission cycle we have ~236 continuing students.

d. **Other University students** - There are no other programs which require students to take courses in the nursing program with impacted status. Historically, we did have some gerontology student who took the nursing research class but these students now take the research class associated with out RN-to-BSN program which is not impacted.

e. **Potential students** - those currently accepted to the university who express an interest in the nursing program or wish to change their major to the program per Cognos was 1367 (Fall 2014), 1085 (Spring 2015), and 1273 (Fall 2015).

f. **New students** – In 2015, there were 2226 students seeking admission to the university who express an interest in the program per the University Orientation office data source. There were also 1214 transfer students at that time.

g. **Returning students** – we were unable to determine the number of those seeking readmission to the university after an absence of one or more terms who express an interest in the program.

C. **Additional Admissions Criteria** – Admission to the BSN program is a two-step process: 1) admission to the University, and 2) admission to the clinical nursing program. The clinical portion of the nursing program is open only to students who can satisfy the California Residence requirements due to impaction status. Continuing CSUS students, transfer students, and second baccalaureate degree applicants who are eligible for University admission are given equal consideration in the supplemental nursing application process.

Admission standards are reviewed annually. They were established based on industry standard and research and are shown to demonstrate success within nursing programs (Schmidt & MacWilliams, 2011). They have been recommended by the American Association of Colleges of Nursing (AACN) and the National League for Nursing
1. Prerequisite courses and or unit requirements: (see roadmap Appendix B)
   a. Oral Communication (any GE area A1 course)
      Written Communication (any GE area A2 course)
      Critical Thinking (any GE area A3)
      Statistics (any GE area B4 statistics course)
      Chemistry: any college-level general, inorganic, organic, or integrated course
         (with associated lab if required at the institution where the course was taken; otherwise not required). An overview or preparatory course for college-level chemistry is not acceptable.
      An anatomy and physiology series (two courses) with in-class lab
      Microbiology with in-class lab
   b. Prerequisite courses must be completed with a C- or better grade. If a prerequisite or corequisite course has been taken more than once, the highest grade will be included in the GPA calculation used to rank candidates. However, if an individual prerequisite or corequisite course has been taken more than twice within the seven-year period preceding the first day of the Supplemental Nursing Application filing period, a five-point deduction per course will be taken from the candidate’s final score in the ranking for admission to the clinical nursing program.
   c. There are no minimum prerequisite unit requirements. One science and one non-science prerequisite course, two total, may be in progress in spring when applying for fall; fall when applying for spring – no exceptions. When applying for fall term, coursework completed in summer will not be considered.
   d. Although students are strongly encouraged to complete the corequisite courses prior to admission, students are not required to do so and the number of corequisite courses completed is not a factor in the selection process.

2. Minimum grade requirements
   a. Overall GPA: The students overall GPA is not used in the nursing admission.
   b. GPA for prerequisite coursework: All prerequisite and corequisite courses must be completed with a C- or better grade.
   c. GPA in some minimum number of completed units: The nursing GPA average used to rank candidates for admission is calculated using the grades from the prerequisite and corequisite courses completed at the time of application. Plus and minus grades will not be considered (e.g., a C- or C+ will be considered a C). A minimum Nursing GPA of 3.3 is required to be considered for admission. Eligible AP Examination credit will be considered a pass; no effect on Nursing GPA calculation.
   d. GPA in some stipulated number of recently completed units: Prerequisite courses are acceptable regardless of date completed, but current knowledge is essential.

3. Other admissions considerations
a. Completion of the ATI Test of Essential Academic Skills (TEAS) is required for all students applying to the clinical nursing program. A minimum score of 75% is required to be considered for admission. The test may be taken three times within a five-year period preceding the Supplemental Nursing Application deadline; the highest score will be used.

b. There are four categories of optional criteria, each worth three points, used to evaluate other skills and experiences (e.g., past work experience, extracurricular activities, second languages). These categories also mitigate adverse impacts on diversity and access (e.g., first-generation college status, socioeconomic factors, historically disadvantaged status). If there is a tie between two candidates, and one is a veteran honorably discharged from active duty, the veteran will receive preference. The four categories are as follows:

- **Bilingual Language Proficiency.** Languages receiving points are Spanish, Chinese, South East Asian Languages, Indian Languages (e.g. Hindi, Punjabi), Tagalog (Philippines), Russian, Farsi, Arabic or American Sign Language. These languages were chosen based on census data and the needs of our regional, clinical facilities. We regret points are not awarded for French, German, or other languages where a “need” has not been identified.

- **Health-Related Work Experience.** Candidates may receive points for documentation of 100 hours of paid or volunteer work in an acute, long-term, clinical, or community setting which involves direct human-client interaction. Hours may be combined from multiple locations. Supervisor/employer must complete Health-Related Work Experience form available on the School of Nursing website.

- **Economic Background.** Candidates may receive points for verification of family history of low-income status/welfare as income. A current, complete FAFSA application, including parental information, is required.

- **Environmental Background.** Candidates may receive points for attending a disadvantaged high school. The California Department of Education, Academic Performance Index (API) Base Report–School Report will be used to consider eligibility for this category. The scores for the period of attendance are averaged. An average Statewide Rank of 4.9 or lower is required to receive points in this category. A brief, typed narrative outlining disadvantage status is required if high school attended is from out-of-state or country.

c. Admission is only offered to candidates who are able to attend full-time; including evenings and weekends.

4. Admission decisions

a. Applicants are admitted to the “clinical” nursing program based on the rank ordering of admission points assigned to the Nursing GPA (max 50 points), the TEAS (max 50 points), as well as points assigned to Optional Criteria (max 12 points). A maximum total of 112 points are possible.

b. As already mentioned, if there is a tie between two candidates, and one is a veteran honorably discharged from active duty, the veteran will receive
preference. If neither candidate is a veteran, initially prerequisite and corequisite GPA is considered then, if necessary, TEAS score is considered.

c. Appeals process for denied applicants: there is a seven day review period for the student to report errors; otherwise there is no appeal process. An appeal process is not deemed necessary as the criteria for admission are not subjective in nature.

D. **Monitoring Effect on the Campus Community** – Currently all CSU nursing programs are impacted. The effects of impaction are monitored through annual review and written reports. Trends are monitored and discussed at bi-annual meetings of CSU nursing program directors. As we are accredited, we undertake a thorough ongoing accreditation process which includes an annual report. Additionally, we undergo ongoing regulatory agency (BRN) documentation preparation and review. Monitoring includes:

1. Effect on other campus programs.
   
   a. **Programs affected:** The Health Science program is affected the most. The new Health Science major recently approved by the Chancellor’s office will decrease the magnitude of affect. Other programs somewhat affected are Gerontology and Nutrition. Given the increasing older population is society today there is increased need for individuals educated in gerontology. All HHS and sciences courses (especially chemistry and biology) are monitored regarding the effect of nursing impaction and for course ‘bottleneck.’

   b. **Consultation:** Representatives from nursing have met with representatives from biology and chemistry. As a result, there has been the creation/development of courses in collaboration with these departments to meet the prerequisite needs for the major. There is ongoing discussion in the HHS Dean’s office regarding issues surrounding impaction and we have met with Edward Lascher in the creation of a program impaction document “Program Impaction at Sacramento State: Time for Change?” As part of regular bi-annual meeting of CSU nursing program directors, there has been discussion with Chris Mallon and Margaret Brady from the Chancellor’s Office in relation to how other CSU nursing programs are addressing the issues surrounding program impaction.

   c. **Changes in university wide resource allocation:** University resources are being applied to improve advising services. It is not clear that there are changes in university wide resource allocation that directly impact the nursing program so that it may overcome current obstacles and need. However, it is not evident that impaction status distorts the institutional commitment to the desired array and balance of programs.

2. Effect on students.

   a. **Advising for students who have been denied program admission.** Currently there is no special program or advising for denied students. However, at 60 units, Academic Advising places a registration hold on the student and requires them to physically attend one-to-one advising for a change from “Expressed Interest”
to another major. This aligns with the university’s “Timely Declaration of Major Policy.”

b. **Restriction of courses in the program.** This is not necessary as courses in the major are only open to student admitted to the clinical nursing program; they are not open to student in other majors.

c. **Effect on access and diversity.** Review of the demographic of admitted students demonstrates the program already has a greater number of Asian students admitted in comparison to the percentage admitted to the university. Non-specified and African American students are within a few percentage points of the number admitted to the university. The largest discrepancy in diversity is within the Hispanic and Latino population. We are currently working on a grant to increase this population. The impact on other programs is negligible except that it likely increases their diversity with respect to the Hispanic and Latino populations.

E. **Plan for Ending or Phasing out Program Impaction Status** – It is acknowledged (and supported in the research) that the high demand for nursing is affected to some extent by forces external to the university. It is not clear that these will “resolve” on their own accord or that increased resources could eliminate the need for impaction completely.

To help end impaction, we are engaged in academic advising, including outreach to high school, to inform and encourage alternate majors. This is also being done at university at new student orientation and through EI (expressed interest) advising as discussed earlier in this report.

There is no plan to transition students from EI to either pre-major or major students. In fact, we changed from pre-major to EI and are considering dropping that category as it negatively impacts our retention rates. It is suggested that students be ‘housed’ in the new Health Science major until they reach 60 units.

There is ongoing dialogue with the Dean of the College and with administration. Consideration to ending or phasing out program impaction would be considered under the following circumstances:

1. **Faculty hiring:** More nursing faculty positions are required. Year-round appointments or the ability for faculty to workload shift or choose which semesters to work need to be offered. Salaries need to be competitive with the industry or workload could include time for clinical practice in order to recruit new faculty and retain current faculty. Appointments need to be available for nurses without a doctoral degrees which could include a clinical professor track and a tenure track or support while in doctoral studies. It needs to be acknowledged that, by-in-large, nursing is not a profession in which advanced education is financially supported.

2. **Financial resources are needed to maintain and upgrade teaching and simulation facilities.** This includes improvement of teaching platforms such as SacCT, maintenance and, where necessary, upgrades to the current simulation technologies, support for increased student advising and remediation, and faculty research.
3. Clinical agency placements need to be available. Although this is not under the control of the university, if the nursing program enrolled year-round there would be increased access to clinical placements through use of clinical agencies in summer.
References


Executive Order No. 563 requires campuses to supply historical data for each academic area for which the impaction designation is requested. This form is modeled on a report submitted by campus nursing programs to the American Association of Colleges of Nursing.

<table>
<thead>
<tr>
<th>California State University, Sacramento</th>
<th>Actual</th>
<th>Actual</th>
<th>Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall 2013</strong></td>
<td><strong>Fall 2014</strong></td>
<td><strong>Fall 2015</strong></td>
<td></td>
</tr>
<tr>
<td>(1) Number of positions/seats available in the program. Calculated based on class pedagogy and format (specifically labs and clinical), agency restrictions related to number of students be group, acuity of patients, and faculty workload.</td>
<td>80</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>(2) Number of completed applications received for the nursing program. Calculated by actual count of applications.</td>
<td>416</td>
<td>462</td>
<td>450</td>
</tr>
<tr>
<td>(3) Of completed applications, how many completed with C or better all prerequisite courses for your nursing program? Calculate by reviewing applications.</td>
<td>416</td>
<td>462</td>
<td>450</td>
</tr>
<tr>
<td>(4) Of completed applications, how many met approved supplementary admission criteria for your nursing program? Calculate by reviewing applications.</td>
<td>319</td>
<td>355</td>
<td>345</td>
</tr>
<tr>
<td>(5) Of those qualified students who met current supplementary criteria how many were accepted? Calculated by actual number of offers of acceptance given.</td>
<td>116</td>
<td>114</td>
<td>101</td>
</tr>
<tr>
<td>(6) Of those who were accepted, how many enrolled in the nursing program? Calculated by actual count of admissions.</td>
<td>80</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>(7) Number of additional students who could have been accommodated by the nursing program. Calculated based on class pedagogy and format (specifically labs and clinical), agency restrictions related to number of students be group, acuity of patients, and faculty workload.</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(8) Number of CSU-eligible and nursing-qualified applicants who were not accepted for admission to the nursing program. Calculated by actual count of applications.</td>
<td>203</td>
<td>241</td>
<td>244</td>
</tr>
</tbody>
</table>

(2) Includes both currently enrolled students and new applicants seeking admission to the professional program.
(3) Includes CSU admission requirements and a grade of C or better in each prerequisite course.
(4) Includes approved supplementary admission criteria for your program.
Appendix B
Traditional Program Roadmap

NURSING

FOUR YEAR PLAN

Minimum total units required for B.S. Degree: 120 • Additional courses may be needed to meet requirements in English and/or Math prior to completing GE Areas: A2 & B4
Nursing is a CSU impacted major. In Year 2, students must submit a Supplemental Nursing Application and the ATI Test of Essential Academic Skills (TEAS). Admission to the program is based on rank ordering of points assigned to the GPA of Nursing pre-requisite and co-requisite courses, TEAS scores, and optional criteria. Requirements and deadlines may be found on the School of Nursing website: www.csus.edu/hhs/nrs
This form is designed to be used in partnership with your GE and Major advisors - seek assistance each semester to stay on track & graduate!

YEAR 1
Sem. 1
E: CHDV 30 (3)
A2: any Area A2 (3)
B2: BIO 10 (3)
D: U.S. HIST (3)
C: any Area C (3)
15 UNITS

Sem. 2
BIO 25 pre-req (4)
A1: any such as COMS 4 (3)
D: any such as SOC 1, ANTH 2, or ETHN 11+ (3)
A3: any such as COMS 2 or ANTH 4 (3)
D: GOVT (3)
16 UNITS

YEAR 2
Sem. 3
BIO 26 pre-req (4)
B1 & B3: CHEM 6A or 5 with a lab (5)
C: any Area C (3)
Elective (3) (suggest take summer)
15 UNITS

Sem. 4
BIO 39 pre-req (4)
Comp. 2: ENG 20 (3)
D: PSYCH 2 (3)
B4: STAT 1 (3)
13 UNITS

MUST APPLY AND BE ACCEPTED TO ENROLL IN REMAINING NURSING COURSES – ALTERNATIVE PLANS SHOULD BE CONSIDERED DUE TO THE IMPACTION OF THE NURSING PROGRAM.

YEAR 3
Sem. 5
NURS 111 (3)
NURS 112 (5)
NURS 113 (4)
* complete WPJ
E: FACS 10 (3) (suggest take summer)
15 UNITS

Sem. 6
NURS 120 (3) * UD
NURS 123 (6)
NURS 129 (5)
14 UNITS

YEAR 4
Sem. 7
NURS 136 (1)
NURS 137 (5)
NURS 138 (5)
NURS 139 (1)
C2: HRS 161+ or ANTH 101+ (3)
15 UNITS

Sem. 8
NURS 143 (3)
NURS 144 (5)
NURS 145 (6)
C1: any C1 UD (3)
17 UNITS

TOTAL = 120

KEY:
- Major requirements
- Co-requisite requirements
- GE/graduation requirements
- Electives

NOTES:
- Students are encouraged to consider summer and winter intercession coursework to reduce workload.
- Foreign Language (FL) requirement waived only for students in the traditional Pre- licensure BSN program. Students who switch to a major without a waiver are required to complete the FL requirement to graduate.