

**Date of Board Meeting:** June 20, 2023

**Subject:** Increase Student Technology Fee for Associate Degree Nursing (ADN) Program

**Recommendation:** Approve ADN Student Technology Fee Increase of \$55 per semester, effective fall 2023

**Background and Rationale:**

ADN students pay \$625 per semester for technology fees for instructional support platforms such as Assessment Technologies Institute (ATI). The ATI nursing system is designed to supplement nursing student instruction and do so using a program that targets individual learning styles. The ADN program has been utilizing the ATI program for over nine years and board pass rates have improved from 86.96% to 97.62%.

The request is to increase ADN student fees from \$625 to \$680 per semester. This is the first price increase from ATI in four years. The \$55 increase per semester (RNSG 1430, 1533, 1538, 2539) will increase ADN student fees a total of \$220 over four semesters. ATI is providing additional features and instructional support materials with the fee increase. The additional benefits include a review course valued at \$340, extended student access to ATI after program graduation to allow test preparation for licensure (\$75 value), a guarantee for first attempt licensure pass rate or a refund (\$250 value), a curriculum management program, consulting services, and a subscription to *Educating Nurses Faculty* (\$2500 value).

**Cost and Budgetary Support:** No cost. Estimated revenue from fees is \$26,400 to offset the ATI system cost, (\$55 x 4 semesters x 120 students)

**Strategic Priority Alignment:**

<input checked="" type="checkbox"/> Student Success	<input type="checkbox"/> Community Impact
<input type="checkbox"/> Resource Optimization	<input type="checkbox"/> Institutional Excellence

**Resource Person(s):** Sandra Davis, ADN Program Director; Carol Derkowski, Division Chair Allied Health

**Signatures:**

CJD  
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Originator

\_\_\_\_\_  
Date

**Leigh Ann Collins** Digitally signed by Leigh Ann Collins  
Date: 2023.06.09 08:46:24 -05'00'

Cabinet-Level Supervisor 

\_\_\_\_\_  
Date

**President's Approval:**

  
\_\_\_\_\_  
President

6-8-23  
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Date