

Chancellor's Office, California Community Colleges  
 Workforce and Economic Development Division  
**Letter of Intent to Apply**  
 Fiscal Year 2016-17

**Enrollment Growth for Associate Degree Nursing (RN) Program**  
**Assessment, Remediation and Retention for Associate Degree Nursing (RN) Program**  
**(Due by 5:00 p.m., Tuesday, February 16, 2016)**

District/College: _____
Address: _____

<b>Chief Executive Officer</b>		
Name _____		
<b>Primary Contact</b>		
Name _____	Title _____	
Phone _____	Fax _____	Date _____
Email _____		

*Baseline: The total number of nursing students currently not funded by this grant. Please respond to the following questions:*

<b>1</b>	<b>For Enrollment Growth Applicants, Only:</b>	
A	Excluding the Nursing grant you are currently applying for, what is your baseline enrollment for the nursing program?	
B	How many additional students do you plan to enroll in Fall 2016 utilizing these grant funds?	
C	How many additional students do you plan to enroll in Spring 2017 utilizing these grant funds?	
<b>2</b>	<b>For Retention Fund Applicants, Only: Must have attrition rate of 15% or higher to apply</b>	
A	How many students do you plan to remediate in Fall 2016 utilizing these grant funds?	
B	How many students do you plan to remediate in Spring 2017 utilizing these grant funds?	
<b>3</b>	What is the ADN/RN attrition rate for Fiscal Year 2014-15? (must be same number reported to Board of Registered Nursing Annual Report)	

Please e-mail this completed Letter of Intent to [Nursingapps@cccco.edu](mailto:Nursingapps@cccco.edu). All information must be received by or before **5:00 p.m., Tuesday, February 16, 2016**. For additional information, contact Brenda Fong: [bfong@cccco.edu](mailto:bfong@cccco.edu), or Cynthia McFarland: [cmcfarla@cccco.edu](mailto:cmcfarla@cccco.edu),