MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is entered into on the date of the last signature below by and between Fort Hays State University, hereinafter referred to as the "Institution," and the undersigned Kansas community colleges, hereinafter referred to as the "Partners."

1. PURPOSE

The purpose of this MOU is to establish a cooperative relationship between the Institution and the Partners to facilitate guaranteed admission for Registered Nurse to Bachelor of Science in Nursing (RN-BSN) students.

2. GUARANTEED ADMISSION

2.1 Subject to the terms of this MOU, the Institution agrees to provide guaranteed admission to students who have successfully completed a nursing program from a regionally accredited institution and hold a current Registered Nurse (RN) license and meet all admission requirements.

2.2 The Partners agree to promote awareness of this program, identify and recommend eligible students for guaranteed admission to the RN-BSN program at the Institution, and facilitate the admission of such students as set forth herein or as otherwise reasonably requested by Institution.

3. ADMISSION REQUIREMENTS

3.1 Students recommended by the Partners for guaranteed admission must apply and meet the standard admission requirements of the Institution's RN-BSN program and applicable university requirements in effect at the time of their proposed admission. Current standard admission requirements of the RN-BSN program include, but are not necessarily limited to, the following:

3.1.a An unencumbered active RN license issued in the United States.

3.1.b Cumulative Grade Point Average (GPA) or Associate in Nursing Degree GPA is greater than or equal to 2.5. Students that do not meet the Cumulative GPA or Associate in Nursing Degree GPA greater than or equal to 2.5 may be admitted

on probation if their cumulative GPA and Associate in Nursing Degree is between 2.0 and 2.49.

3.1.c Must have earned a "C" or better in any FHSU provided RN to BSN course and have a greater than or equal to 2.5 GPA in their FHSU Major through classes taken prior to applying.

3.1.d International students with an F1 or F2 visa do not qualify for this program.

3.1.e Students must meet university requirements for any transfer credits.

3.1.f FHSU will not accept applications from students residing in Tennessee, Washington, and Alabama.

3.2 The Institution reserves the right to deny or revoke admission to any student who does not meet the applicable admission criteria or otherwise fails to comply with applicable university, departmental, or program-specific policies and procedures (see undergraduate handbook: https://www.fhsu.edu/nursing/Student-Resources/#NursingProgramHandbooks). The Institution further reserves the right to limit the total number of applicants or admissions through the guaranteed admission pathway based on Institution or program capacity.

4. APPLICATION PROCESS

4.1 The Partners will inform eligible students of the guaranteed admission pathway and assist them in completing the application process for the RN-BSN program at the Institution.

4.2 The Institution will give priority consideration to applicants recommended by the Partners pursuant to this MOU.

5. SUPPORT SERVICES

5.1 The Institution intends to provide its standard support services to admitted students to facilitate their successful transition into the RN-BSN program.

5.2 The Partners may collaborate with the Institution to offer additional support services, such as academic advising, mentoring, or professional development opportunities, to enhance the success of admitted students.

6. DURATION OF AGREEMENT

This MOU shall commence on the effective date and remain in effect until terminated by any party hereto, with or without cause, with a written notice of ninety (90) days. Such termination shall be without penalty or expense to any party, and any termination by

less than all of the Partners shall be effective only with respect to the terminating Partner(s) and the Institution.

7. AMENDMENTS AND MISCELLANEOUS

This MOU may be amended by mutual written agreement of the parties, and shall be modified as needed for any changes regarding relevant degree plans or academic/admission requirements.

Nothing in this MOU shall be construed as restricting Institution from enforcing all applicable policies, procedures, rules, regulations, and requirements, whether related to student admissions, academics, fiscal issues, conduct, or other matters.

IN WITNESS WHEREOF, the parties hereto have executed this Memorandum of Understanding as of the date first above written.

Fort Hays State University

By: Tisa Mason Date: 1/18/24
Tisa Mason, President

Partner Institution Name: Garden City CC

By: Ryan J. Ruda Date: _____
Name: _____
Title: _____

Partner Institution Name: Cloud County Community College

By: _____ Date: 1/18/24
Name: _____
Title: _____

Partner Institution Name: Highland Community College

By: Deborah Fox
Name: Deborah Fox
Title: President

Date: 1/18/2024

Partner Institution Name: Labette Community College

By: Mark Watkins
Name: Mark Watkins
Title: President

Date: 1.18.24

Partner Institution Name: Butler Community College

By: Dr. Kimberly W Krull
Name: KIMBERLY KRULL
Title: President

Date: 1/18/2024

Partner Institution Name: Seward County Community College

By: Brad Bennett
Name:
Title: President

Date:

Partner Institution Name: Neosho

By:
Name: Barry Tibbetts
Title: President

Date: 1/18/23

Partner Institution Name: Fort Scott Community College

By: _____ Date: 1/18/24
Name: C Jason Kegler
Title: President

Partner Institution Name: Hutchinson Community College

By: _____ Date: 1/18/2024
Name: Carter L. File
Title: President

Partner Institution Name: COFFEYVILLE COMM. COLLEGE

By: _____ Date: 1/18/24
Name: MARLON THORNBURG
Title: PRESIDENT

Partner Institution Name: KANSAS CITY KANSAS COMMUNITY COLLEGE

By: _____ Date: 1/18/24
Name: SEAN BALOG
Title: BOARD VICE PRESIDENT

Partner Institution Name: _____

By: _____ Date: _____
Name: _____
Title: _____

Partner Institution Name: _____

By: _____ Date: _____
Name:_____
Title: _____

Partner Institution Name: _____

By: _____ Date: _____
Name:_____
Title: _____