

Provider Name _____

Template D

5 YEAR PROJECTED FACULTY TO STUDENT COMPLEMENT PER YEAR AND TERM

	Projected student enrollment		Projected faculty complement		Faculty/Student Ratio	
	New	Continuing and Returning	Full Time	Part Time	Didactic	Clinical
YEAR 1						
(Fall)						
(Winter)						
(Spring)						
(Summer)						
YEAR 2						
(Fall)						
(Winter)						
(Spring)						
(Summer)						
YEAR 3						
(Fall)						
(Winter)						
(Spring)						
(Summer)						
YEAR 4						
(Fall)						
(Winter)						
(Spring)						
(Summer)						
YEAR 5						
(Fall)						
(Winter)						
(Spring)						
(Summer)						