Faculty Degree Plan
Kansas State Board of Nursing

Name: _____

Please answer the following questions:

Date	
Kansas Nursing License Number	
Program of Employment	
Program in which Enrolled	
Degree	
Date of Enrollment	
Projected Date of Completion	

Progress reports must be submitted to the Kansas Board of Nursing Education Specialist annually.

Name of Course	Enrollment Date	Date of Completion

5/15/05 NM