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ROSALIND FRANKLIN UNIVERSITY of MEDICINE AND SCIENCE

# VOICES of CHANGE

**ANNUAL REPORT 2024-2025** 



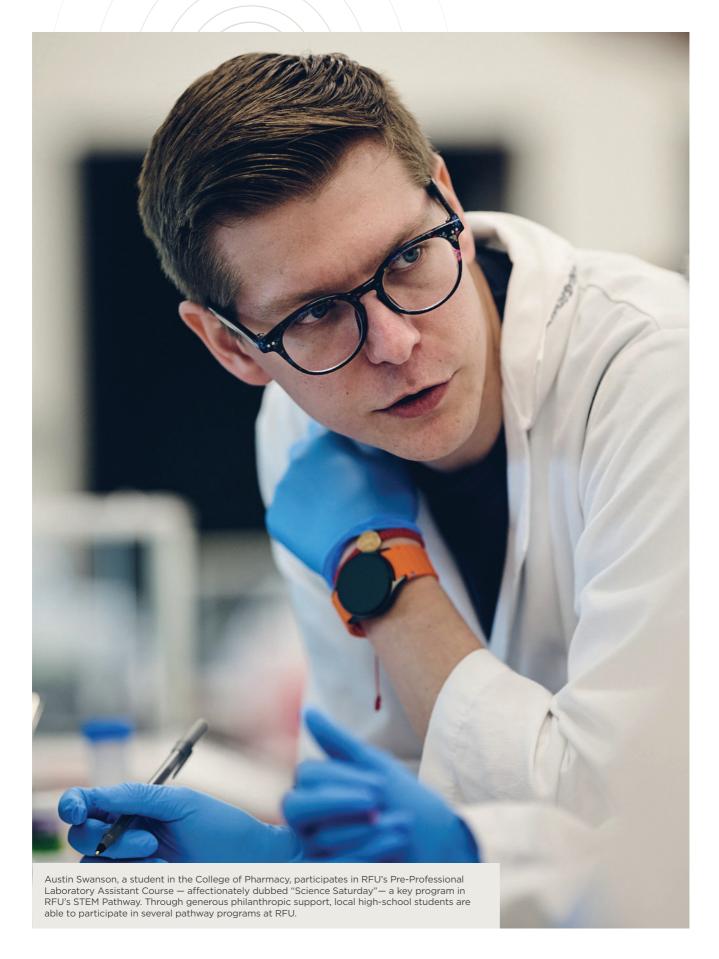
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## VOICES of CHANGE

Polving community needs, funding shifts, leadership transitions: Change in healthcare education is constant and inevitable. How we deal with these changes dictates the future for our students, our university and our community. At Rosalind Franklin University, we are not waiting for change to happen. We are creating it.

In this year's annual report, we share how we are adapting to a rapidly changing landscape inside our walls, out in our community and in a broader context. Our mission, vision and values lead the way, shaping the future of education and helping all people live healthier lives.

- Every day, we advance scientific discovery and sustain leadership in biomedical research, no matter the prevailing political or economic environment. *Imagine what more we could do if we were able to expand core resources and embrace bold approaches.*
- Keeping health and biomedical professions accessible to qualified students from all walks of life is a cornerstone of RFU's mission. *Imagine what we could do if every talented student had a clear path to our exceptional education.*
- We encourage bold questions, the testing of ideas and the expansion of
  interprofessional education to inspire innovation and the future of the healthcare
  workforce. *Imagine what we could do if all healthcare training embraced a culture*where curiosity is not only welcomed but expected.
- Healthcare education belongs where people live and work. RFU provides a safety net
  for our community in the real-world settings where our students learn. Imagine if our
  Community Care Connection and Interprofessional Community Clinic worked seamlessly
  together, bridging mobile and multispecialty care, creating a true continuum for our
  neighbors most in need.
- Nurturing the next generation of healthcare leaders is why we are here, ensuring
  every single student finds their voice. Imagine if every student had the support they
  need to thrive financially, academically and emotionally.

We embrace an evolving environment with an ever-present passion for health professions education. This is not a solo venture. Supported by those who share our vision and our mission, we are working side by side with our valued community and health-system partners to amplify the voice of every researcher, every educator, every patient, every student to not just react well to change, but to cause it.

At Rosalind Franklin University, we are raising our voices to shape the future we need. Imagine if every alum and friend of the university joined us, speaking together for the betterment of our community and our society.



# **ADVANCING** SCIENTIFIC **DISCOVERY**

### **Sustaining American Leadership** in Biomedical Research

by Joseph DiMario, PhD

Executive Vice President for Research and Dean, School of Graduate and Postdoctoral Studies

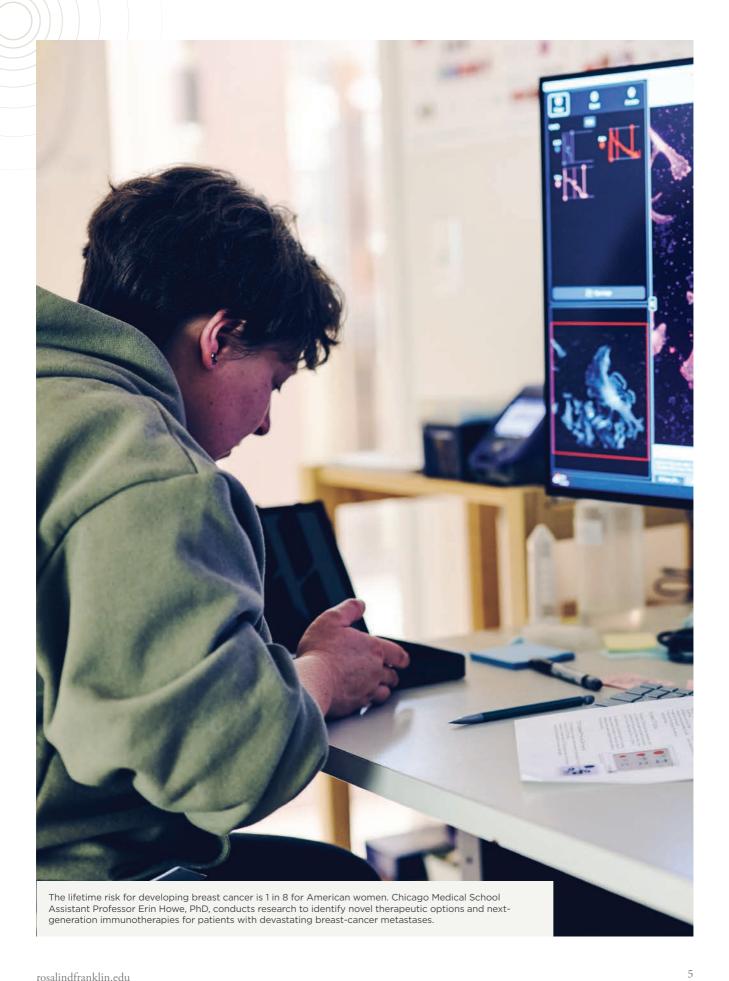
ealth care's most urgent challenges — chronic disease, persistent health inequities and emerging threats — cannot be addressed without bold advances in biomedical research. Yet the people and institutions that drive this engine of discovery face unprecedented pressures, threatening both the pace of innovation and the nation's long-standing leadership in science.

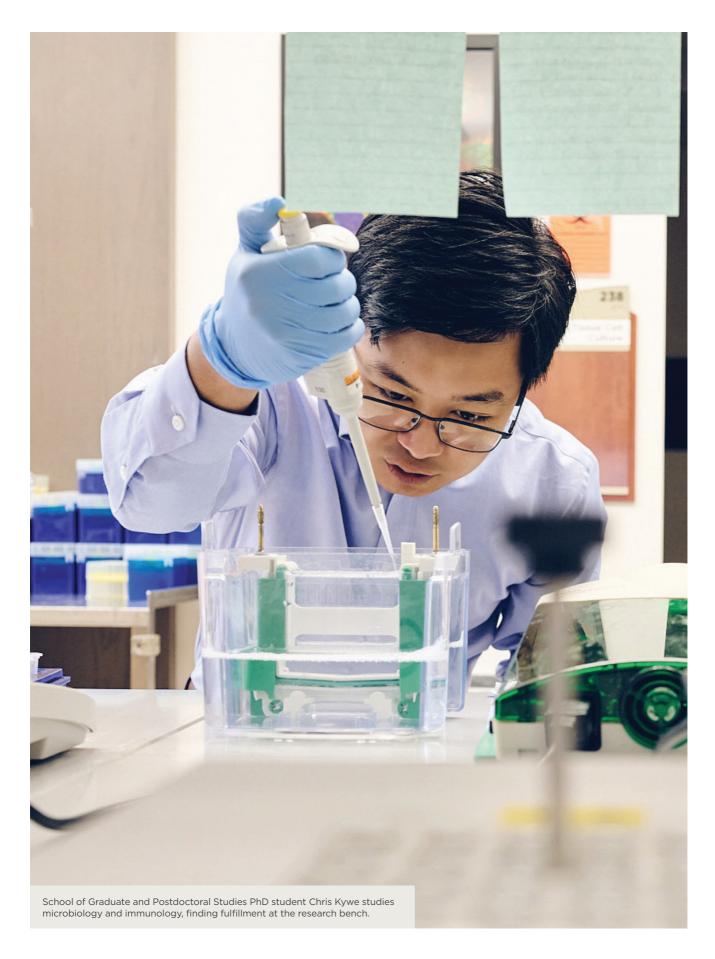
Shifts in national research priorities, tighter National Institutes of Health (NIH) budgets, and new compliance and restructuring rules are reshaping how science is funded, conducted and evaluated. These changes are not abstract. For medical-school researchers, who rely on sustained support to pursue evidence-based science, they translate into tighter budgets, slower funding pipelines and rising administrative burdens that can pull precious time and energy away from discovery.

Science is a human endeavor to better understand nature and the human condition. While it is influenced by human perspectives and biases, its strength lies in the disciplined methods that keep those influences in check.

Federal agencies such as Health and Human Services, NIH and the National Science Foundation have long set global standards for rigorous, peer-reviewed science. These evidence-based processes have propelled U.S. biomedical research to unmatched international prominence.







Today, however, shifting priorities — including restrictions on what can and cannot be investigated, from mRNA science to the focus of new initiatives — risk undermining that foundation. Some emerging research priorities are based on controversial premises not fully supported by prevailing scientific evidence. If opinion begins to overshadow rigorous methodology, the conduct of science itself is at stake.

Science is a human endeavor to better understand nature and the human condition. While it is influenced by human perspectives and biases, its strength lies in the disciplined methods that keep those influences in check.

The current climate is already having a chilling effect on the talent pipeline. Early-career scientists face unprecedented competition for limited funding, uncertainty about grant administration and, in some cases, abrupt terminations of existing awards. Increasingly, they are choosing to continue their careers abroad, where international institutions can offer greater stability. Some are leaving the field altogether. This "brain drain" carries consequences that extend far beyond the academy.

Scientific research is inherently international; U.S. universities have long been magnets for talent from around the world. New restrictions, including proposed limits on international student stays, threaten to erode that role.

If the United States ceases to be a global leader in lifesaving research, the repercussions will be profound: a lag in innovation, diminished economic vitality, weakened basic science, reduced international collaboration and the rise of insular attitudes that stifle the exchange of ideas. Most importantly, lives will be cut short.

Yet within these challenges lie opportunities. Our research strengths in cancer, brain and mobility science, immunology, psychology, and health-equity research position us well to address pressing national and community needs. We will continue to contribute meaningfully — locally, regionally and nationally — while shaping a rigorous and resilient research enterprise.

The stakes are high. But with focused investment, collaboration and resolve, we can ensure the next era of discovery continues to emerge from our labs, clinics and classrooms — advancing health and science for all.

#### RFU TAKING ACTION

RFU is pressing forward with renewed commitment to the principles that have long defined U.S. dominance in biomedical research. Our leadership in neuroscience, cancer biology, immunology, psychology and mobility science aligns with many of today's urgent federal priorities. Our joint pilot grant program with DePaul University advances the use of AI in biomedical research, and our Michael Reese Foundation Center for Health Equity Research is directly aligned with national priorities on health disparities. We're leading by example. We're leveraging our strengths and deepening partnerships and collaboration across disciplines to demonstrate how academic research can adapt, innovate and remain a powerful engine of discovery and social progress.

#### IMAGINE...

if we had the computational power and collaborative infrastructure to unite neuroscience, psychology and basic biology in tackling the toughest challenges of our time: traumatic brain injury, Alzheimer's and Parkinson's. What if our researchers could map not just the biology of disease, but its impact on mobility, cognition and the human experience? By expanding core resources and embracing bold interdisciplinary approaches, we could redefine what's possible in biomedical research and accelerate discoveries that transform lives.

# Finding My Voice in Podiatry

by Titilayo Hassan

Dr. William M. Scholl College of Podiatric Medicine '27

Jerry D. Brant, DPM '62, Leadership Endowed Scholarship

was born in rural Nigeria, and when I was a teenager, I watched my father make sacrifices so education would be our family's bridge to possibility. When I moved to the United States, I discovered podiatry — a field that sits at the intersection of everything I care about: movement, access and longevity. As a longtime athlete, I knew firsthand how foot health affects performance and confidence. Back in Nigeria, I had seen my grandmother struggle with lower-extremity issues that limited her independence. These experiences helped shape my calling: to prevent small problems from becoming life-limiting ones, especially for communities that have been historically underserved.

Scholarships helped make my dream real, and the support eased the pressure that can consume medical students. The support doesn't just reduce my bills; it creates time — time to master coursework, strengthen clinical judgment and grow into the compassionate, skilled physician I aspire to become. This investment will, in the near future, show up in positive patient outcomes.

My first RFU advisor saw who I was and encouraged me to look closely at podiatry. I met a podiatric physician, Nadia Sadeghi, DPM '14, who became a mentor. She invited me to shadow her and observe cases, and she sat down with me to unpack the "why" behind each clinical decision. This experience challenged me to keep my surgical interests grounded in whole-person care: biomechanics, prevention and patient education. Each conversation widened my perspective and strengthened my voice.

At RFU, interprofessionalism isn't just a slogan — it's a way of life. In our interprofessional classes, students from different healthcare programs collaborate to explore how teamwork can improve patient care.



These experiences showed me how sharing ideas, while listening closely to others, can lead to innovative, patient-centered solutions.

As a student representative for the Class of 2027, I've also learned how to speak up clearly — and when to step back and share the mic. Working alongside classmates has helped me become a better leader, a more thoughtful listener and, ultimately, a more compassionate future physician. I believe listening is one of the most powerful tools a doctor can possess.

When I first entered podiatric medicine, my primary interest was surgery. But as I've grown as a student, I've come to appreciate the full scope of podiatric care. Whether it's performing a surgery or making a small shoe modification to relieve pain, I've learned that being a well-rounded podiatrist means showing up for patients in all the ways they need, both big and small.

Looking ahead, I see two horizons. The first is here: residency, board exams and becoming a clinician my patients can always trust. The second stretches across the Atlantic to Nigeria where, when I visit, I hope to teach, collaborate and advocate for podiatric medicine in communities that are working to build their own healthcare capacity.

I came to RFU with determination. Scholarship support and strong mentorship helped turn that determination into direction and gave me the confidence to use my voice on behalf of patients who haven't always been heard.

FINDING my VOICE

# CREATING EDUCATIONAL ACCESS

## Accessing Health and Biomedical Professions

by Sarah Kelly, PhD

Vice President for Strategic Enrollment Management

onversations about student debt are everywhere, but a key truth is often left unsaid: The largest share of that debt belongs to graduate and professional students — our physicians, pharmacists, educators, research scientists — the very people we depend on to keep us healthy, to teach our children and to push discovery forward. At Rosalind Franklin University, fewer than 1% of our students default on their loans. Our graduates repay, even though they carry heavy burdens in the early years of their careers. Why? Because their education is worth it. It equips them to serve.

It's about ensuring every student with the grit, aptitude and passion to serve has a real shot. It's about finding those who punch above their weight, regardless of ZIP code or credit score, and giving them the resources to thrive.

Access to graduate education is being reshaped. Adjustments to borrowing limits, income-driven repayment plans and loan-forgiveness programs are altering how students plan and pay for advanced degrees. These shifts could make graduate study less attainable for some students, potentially creating limited pathways to professional careers. That outcome would be devastating for health care, for communities that need practitioners most — and for our mission. It would deepen inequities in care by limiting who can enter and shape the field. It would deny access to talented, mission-driven students who reflect and serve varied communities. It would weaken the healthcare workforce,

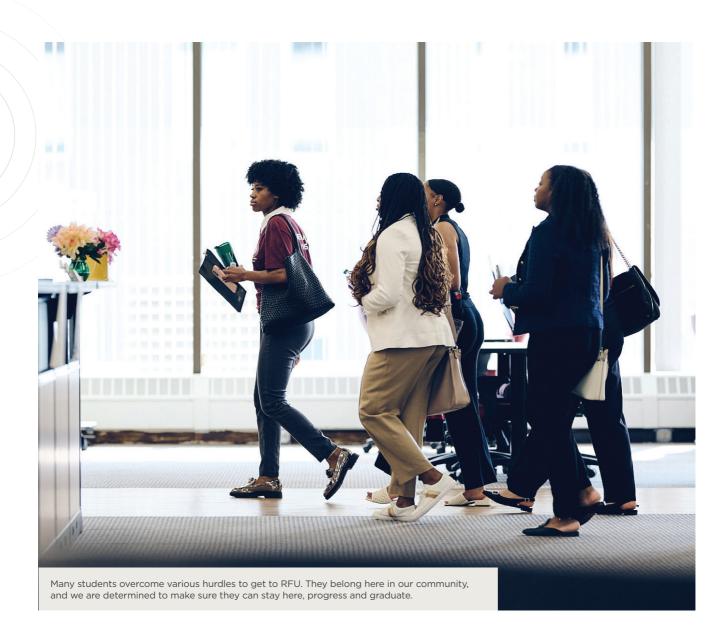


narrow perspectives in care and research, and undermine our role as a community partner working to improve the health and well-being of our underserved neighbors.

Every single RFU student has met rigorous enrollment thresholds. Every student has earned their acceptance to their program of study. Many have overcome adversity to reach our doors. Many are the first in their families to attend college, the first to earn a professional degree. They've balanced jobs, caregiving and service, all while excelling academically. They belong here. And we are determined to make sure they can stay here, progress and graduate.

Identifying potential hurdles for our students — looking at where and how they grew up, which shapes their ability to succeed in higher education — shores up progression. This approach isn't about lowering standards. Quite the opposite: It's about ensuring every student with the grit, aptitude and passion to serve has a real shot. It's about finding those who punch above their weight, regardless of ZIP code or credit score, and giving them the resources to thrive.

Our students are here because they feel a calling. Our responsibility is to make sure nothing, least of all financial barriers, keeps them from answering it.





#### RFU TAKING ACTION

RFU is responding to policy changes with strategic urgency. We're planning ahead to support students who may reach the limit of their federal loans before completing their programs, so financial barriers don't force them to stop short of graduation. We're creating hardship funds and partnering with colleges to expand accelerated pathways and lower costs. We're collaborating across our networks, so students can enter healthcare professions without costly detours: wasted time, unnecessary debt and the frustration of navigating a complex system. Our commitment is clear: If you have the drive to serve, we will ensure you have the opportunity to learn.

#### IMAGINE...

if every talented, determined student had a clear path into our exceptional health professions education and the full spectrum of clinical training. With the right resources, we can remain competitive in attracting students who embrace RFU's mission to lead biomedical discovery and improve the wellness of all people. We can nurture their academic growth and well-being. and ensure they have the freedom to pursue essential, often overlooked areas of practice — such as family medicine, primary care and pediatrics - guided by passion and purpose, not the burden of educational debt.

# INSPIRING CURIOSITY

## Curiosity, Innovation and the Future of the Healthcare Workforce

by James Carlson, PhD, PA-C, CHSE-A

Interim Provost and Vice President for Interprofessional Education and Simulation, AMA Health Systems Science Scholar

hat pulls people into science and health care isn't the promise of answers, but the thrill of chasing questions. Whether it's a scientist in the lab or a clinician at the bedside, curiosity drives discovery. To truly transform care, curiosity must be nurtured, translated into knowledge and skills, then activated through innovation. Innovation is curiosity in action.

Our greatest responsibility as educators is to cultivate not only knowledge, but also the courage and culture that allow curiosity to flourish into impact. At Rosalind Franklin University, we've built an interprofessional, collaborative environment where students can ask bold questions, test ideas and learn from one another across disciplines. When students experience this culture, they're preparing to bring those habits of teamwork, curiosity and innovation into the systems where they will practice.

To truly transform care, curiosity must be nurtured, translated into knowledge and skills, then activated through innovation. Innovation is curiosity in action.

Health care faces challenges that demand this kind of preparation. Patient safety remains a pressing concern, with delayed diagnoses and system failures among the most persistent threats. Burnout continues to affect providers across professions. At the same time, new technologies such as artificial intelligence are transforming what's possible in care delivery. Our job is to prepare graduates not just to adapt to these forces, but to shape these tools to optimize patient care.



Studies show that learning in realistic environments significantly boosts long-term knowledge retention and clinical skills acquisition. We continue to invest in immersive learning spaces and technologies that allow students to practice clinical reasoning, communication and teamwork in realistic settings that mirror the complexities of health care. This approach provides opportunities to explore not only how health care is practiced today, but how it could be practiced tomorrow. Using simulation and other immersive learning experiences, learners not only refine their skills, but also are given the latitude to experiment and ask bold questions as they prepare themselves to become leaders.

Our strength as a community-based health professions university is also critical. We don't own a hospital. Instead, we partner with more than 800 clinics, health systems and community organizations. This diversity of training environments exposes students to different ways of delivering care, broadens their perspectives and equips them to adapt across settings. It also means our students see firsthand the gaps in care that persist in underserved communities, helping them become creative, compassionate problem-solvers.



Tomorrow's teaching and learning technology is at RFU today in the Simulation Center, where students take advantage of new ways to look at patients.

But clinical training opportunities are under pressure, especially in fields such as pediatrics, obstetrics and maternal—fetal health, where shortages already exist. When students have opportunities to learn in these critical areas, they are more likely to pursue them as careers, addressing shortages and improving care for the communities we serve.

When clinical and community partners work together, we can educate a health and biomedical workforce that has the tools, confidence and courage to challenge what isn't working, to see what others overlook and to adopt technologies that others resist.

#### RFU TAKING ACTION

Health care is only as strong as the people who lead it. At RFU, we know tomorrow's breakthroughs depend on how we educate, support and challenge our students today. We are reimagining training, expanding opportunities in underserved areas and aligning education with real-world practice and partnerships. We're building and expanding spaces that reflect the complexity of modern care: immersive learning environments, such as our Center for Advanced Simulation in Healthcare, Dr. Scholl Foundation Empathy Lab and our forthcoming state-of-the-art simulation center. We are preparing a healthcare workforce that can drive innovation, equity and transformation across the nation.

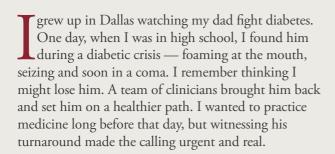
#### IMAGINE...

if healthcare training embraced a culture where curiosity is not only welcomed but expected — where students, clinicians and educators have the time and space to question, explore and create together. In this environment, interprofessional collaboration becomes the foundation, not a feature; innovation stems not from isolated breakthroughs, but from collective inquiry and shared purpose. High standards of clinical excellence remain firmly in place, but alongside them, we nurture a mindset that values asking, "Why not?" Testing new technologies and reimagining outdated systems. This is how we build a future where the next generation of healthcare professionals doesn't wait for change — they shape it.

### More Than the Sum of My GPA

by Corein Eaton

Chicago Medical School '28 Jerome R. Share Memorial Endowed Scholarship



I'm a first-generation physician-in-training, which means there wasn't a roadmap waiting for me. Research, boards, how to study effectively — so much of it I'm still learning step by step. My path wasn't linear, either. I took several gap years, worked hard to grow and took a job as a mental-health tech at a psychiatric hospital. That's where medicine became more than an idea. I helped a woman who was catatonic to bathe, eat and reenter the world; weeks later, she was laughing, writing thank-you notes and naming the staff who had stood by her. I wasn't a doctor — I barely made above minimum wage — but I could still help. I saw the redemptive power of care and knew I wanted to be among the helpers.

RFU was the first place that said, "We see you." I earned admission to Chicago Medical School through the post-baccalaureate Biomedical Sciences program, and from day one, it felt like the right community to grow in. RFU trusted me. Faculty and peers made space for my questions and my voice. I learn alongside future nurses, PAs, podiatrists, PTs — people I'll rely on long into the future. That team mindset silences the old hierarchy and replaces it with shared responsibility and checks and balances that protect patients.



Financial support is a big part of why I can focus, study and learn well. Donor-funded scholarships and aid helped cover essential costs, so I didn't have to stack extra shifts on top of classes and work-study. That breathing room lets me focus, build better habits and say "yes" to opportunities that sharpen my clinical judgment.

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I was more than my college GPA. Persistence changed my story. I'm not the same student I was years ago; I've learned how to learn, how to focus and how to speak up. RFU helped me discover strengths I hadn't named yet and gave me a team to practice with.

My dad is healthier now. I still want what I wanted as a kid: to help. But thanks to RFU, and the people who invest in it, that impulse has a path. I'm building the skills — and the voice — to meet patients in their hardest moments and to walk with them toward better ones.

FINDING my VOICE

# SUPPORTING COMMUNITY HEALTH

### Closing Gaps, Opening Doors

by Jeff Espina, MBA

Vice President of Clinical Services

ealthcare education is not confined to classrooms or hospitals. It belongs where people live, work and struggle. Every blood pressure check, every counseling session, every prescription filled reflects our commitment to health and well-being, and to preparing a workforce that understands what it means to serve.

Community-based healthcare delivery plays a critical role in providing care to populations who are often hesitant to seek care. Working in collaboration with community partners, such programs meet people close to home — at libraries, athletic fields, churches and schools, even on the street — to offer the care and support they need.

When I think about the critical importance of safetynet care, I don't just see numbers or charts; I see people. I see the patient who hasn't had her blood pressure checked in months because she lost her insurance. I see the diabetic father, wait-listed for endocrinology care, skipping his appointment because he can't afford to take time off from work. These are our neighbors, and their health tells the story of our community.

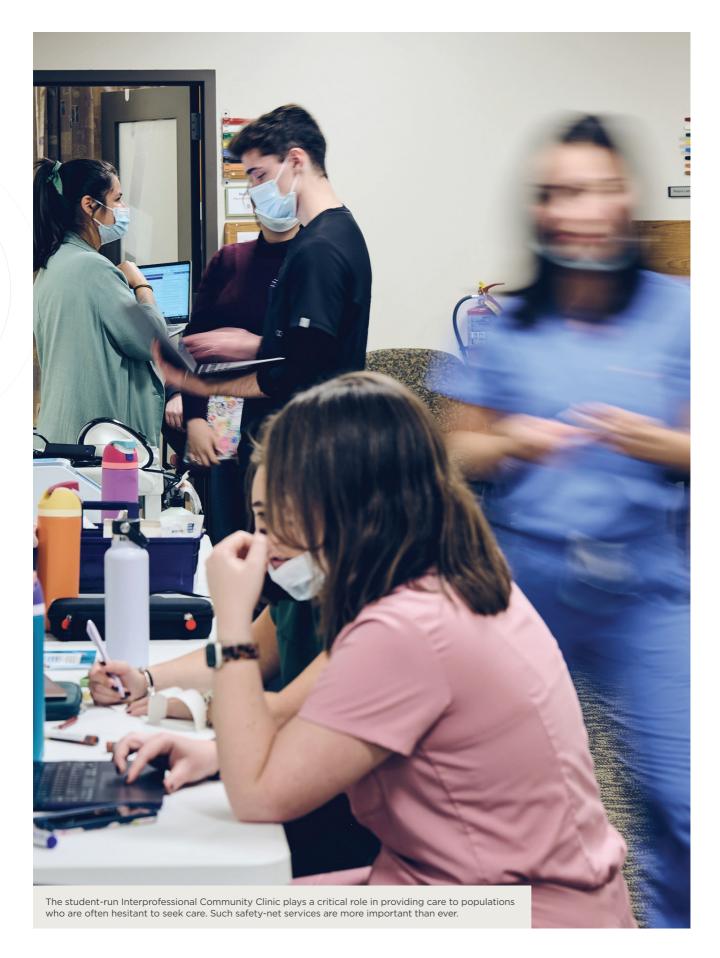
The reality is clear: As government funding decreases, the need in our community increases, and the cases we see will only get more complex. Safety-net services

are stretched thin, and many families are left with few options. Community-based health programs are bridging critical gaps in care.

Mobile clinics bring essential services directly to neighborhoods, removing barriers that isolate patients from care and trust, such as culture, language, transportation and cost. For many patients, these clinics are the only source of preventive screenings and early

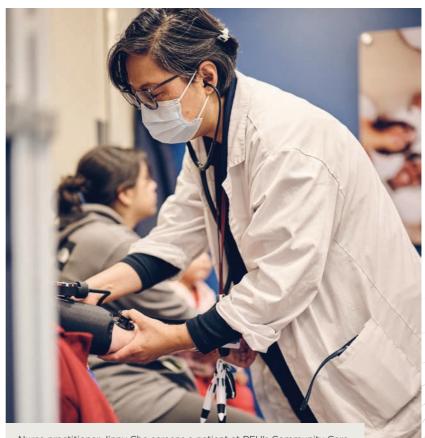
The reality is clear: As government funding decreases, the need in our community increases, and the cases we see will only get more complex. Safety-net services are stretched thin, and many families are left with few options.

interventions that can avert serious illness. Across the country, other innovative community-based models — such as school-based health centers, neighborhood wellness hubs and home-visit programs — are reimagining how and where care is delivered. They not only offer a vital safety net for underserved populations, but they also address the social drivers of health. Offered as part of health professions education, these models are powerful training grounds for future



clinicians, immersing them in realworld settings where dignity, equity and community partnership lead the way.

Providing care is only part of our responsibility. We also must amplify the voices of our patients — voices that too often go unheard in policy debates and funding decisions. The stories we hear in our clinics carry urgency. They remind us that health care is not an abstract system; it is human. It is the voice of a mother choosing between food and medicine, or a patient who finally feels cared for after years of neglect.



Nurse practitioner Jinny Cho screens a patient at RFU's Community Care Coach. Mobile clinics bring essential services directly to neighborhoods, removing barriers that isolate patients from care and trust.

#### RFU TAKING ACTION

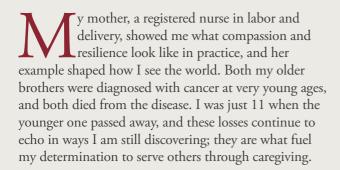
When underserved patients have nowhere else to turn, they end up in the ER — creating bottlenecks, driving up costs and leaving chronic needs unmet. At RFU, we refuse to accept that as the only option. Through our Community Care Connection mobile clinic and Interprofessional Community Clinic, we're reimagining safety-net care: meeting people where they are, keeping them healthier and relieving pressure on the entire health system. This isn't charity. It's mission-driven innovation, proving academic medicine can transform community health.

#### IMAGINE...

if no patient ever fell through the cracks in the system. What if our Community Care Connection and Interprofessional Community Clinic worked seamlessly together — bridging mobile and multispecialty care, creating a true continuum for our neighbors most in need? Picture a brick-and-mortar home for primary care, staffed by our teams, fueled by philanthropy and powered by students learning the meaning of service. This is the future we can build, where access is not a privilege, but a promise.

# Turning Hardship Into Healing

by Ayanna Cruz College of Health Professions '26 Ivy Rehab Scholars Program



In 2022, during the final year of my undergraduate program, I received my own diagnosis of ovarian cancer. The chemotherapy treatments were grueling, and more than one doctor advised me to withdraw from school. But I was so close to finishing my degree, and I had already set my sights on becoming a physical therapist. Stepping away was not an option for me. I worked with my professors to arrange accommodations, juggled coursework with medical appointments and pushed through days when my energy was virtually nonexistent. Staying in school was one of the hardest things I've ever done, but it was also one of the most important. I refused to let cancer take away my purpose.

I'm grateful I am now in remission and well on my path to becoming a physical therapist. I came to RFU with determination, and RFU gave me the confidence and the platform to express it. My mentors and peers have supported me, listened to me and encouraged me to advocate for myself and, one day, for my patients. The scholarship I received reminded me that others believe in my future, too. That kind of support fuels my drive to keep moving forward, even on the hardest days. As a first-generation student from an underrepresented community, this scholarship has helped greatly with reducing financial stress and has gotten me closer to achieving my career goals.

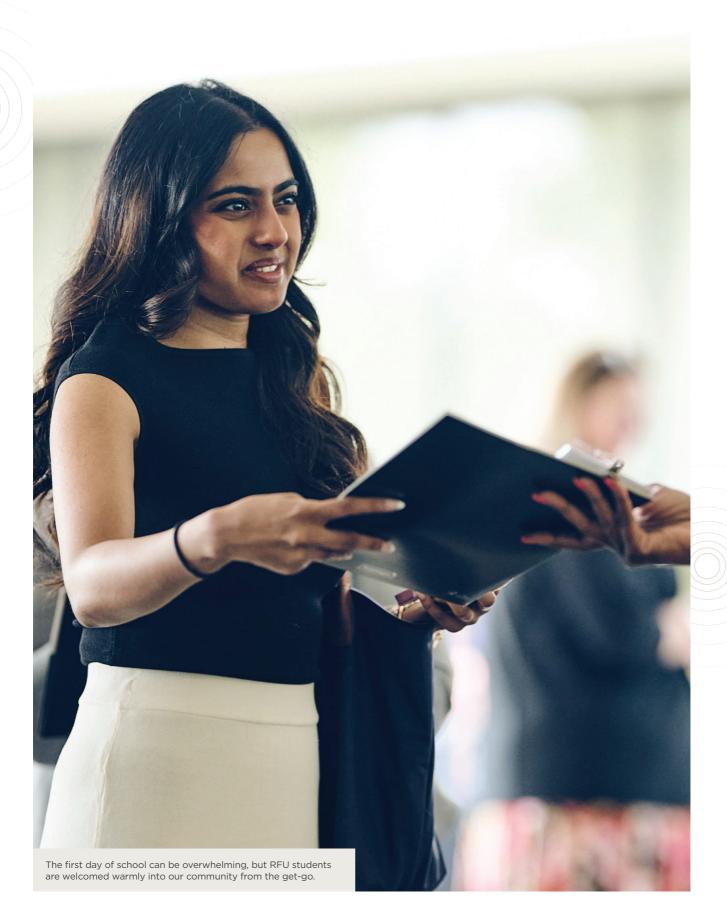


Through my studies and clinical rotations, I've discovered that oncology rehabilitation is where I belong. Physical therapy offers patients strength, dignity and a better quality of life, even in the face of overwhelming challenges. That kind of impact inspires me every day. I want to stand beside people who are facing cancer or other serious conditions and remind them of what they can do, even when it feels like so much has been taken away.

I've learned how to turn that motivation into action — to transform hardship into healing. Most importantly, I've found my voice — the voice I'll use to advocate for my patients, my profession and myself.

My brothers' legacies and my own experience of cancer remain my motivation. At RFU, I've learned how to turn that motivation into action — to transform hardship into healing. Most importantly, I've found my voice — the voice I'll use to advocate for my patients, my profession and myself.

FINDING my VOICE



# DEVELOPING FUTURE LEADERSHIP

# Nurturing the Next Generation of Healthcare Leaders

by Shelly Brzycki Dean of Students

osalind Franklin University students are motivated, hungry and resilient — qualities that not only fuel their academic journey but also shape the kind of healthcare leaders they will become. What sets them apart is their drive to contribute. They are here to learn, yes, but they are also here to serve, to lift up one another and to use their voices for change.

One of the things I see most clearly on our campus is how deeply our students support each other. Within their cohorts and across the university, they celebrate one another's achievements, push through challenges together and build the kind of teamwork that will serve them well in their professional lives. Their passions are varied, but what stands out is how often they connect these passions to their future careers. A student who loves basketball dreams of going into orthopedics. A group that volunteers on our Day of Service returns again and again throughout the year, not because it's required, but because they want to make a difference together.

We know our students face real challenges. Some are the first in their families to pursue graduate education. Others juggle financial burdens, food insecurity or the lingering academic disruptions of the pandemic. I often think of an incredibly bright, hardworking student in our College of Health Professions, who lost access to federal loans and, facing other complex barriers, nearly had to withdraw from school. We were determined to find a path for him. We made many calls in search of scholarship funds and other resources to help him stay the course. Today, he's on track to serve the very community he came from. His story is one of many that remind me why we fight so hard for student success.

Success comes from meeting the student where they are — academically, socially and emotionally.

That success comes from meeting the student where they are — academically, socially and emotionally. We've expanded tutoring so it's available to every student, not just those in difficulty, creating richer peer-to-peer learning. We've invested in affordable housing that fosters community and provides 24/7 access to study spaces. And we've built out wellness and mental-health supports that help students balance their studies with self-care, family and personal passions.



Leadership development is woven into all this. Students hone their voices by leading campus organizations, advocating for causes they believe in and serving our communities. Whether it's coordinating a campus club or working with local schools, these opportunities allow them to practice leadership early, discover their strengths and carry those lessons forward into their professional lives.

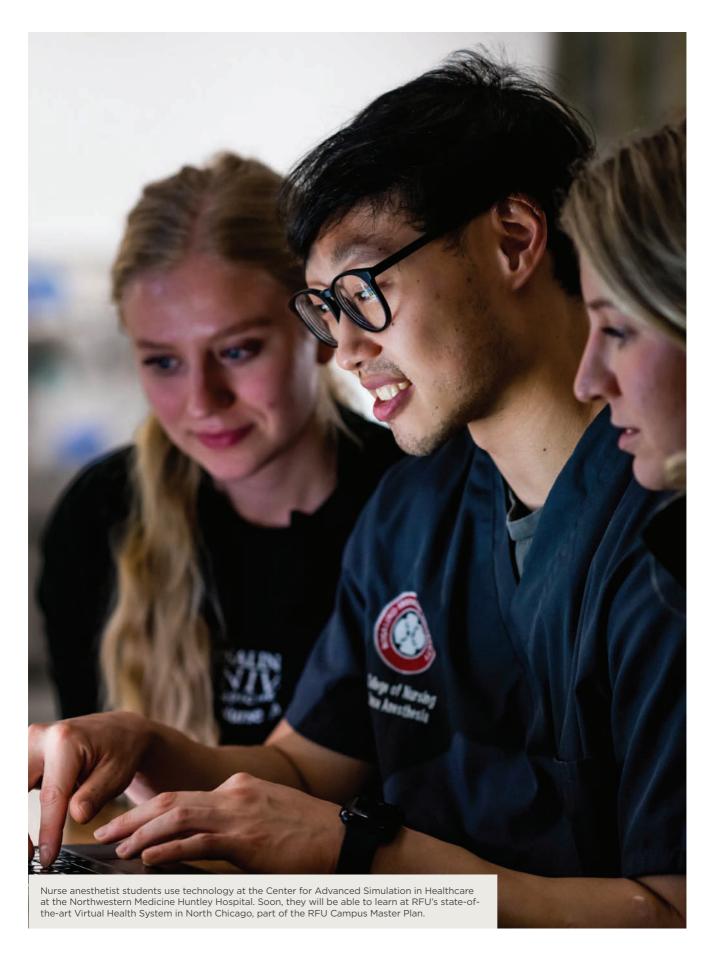
I'm optimistic about the future of health care, because I see it every day in our students: their energy, their compassion and their unshakable belief in what's possible. They are not only future practitioners and scientists; they are future role models, advocates and changemakers.

#### RFU TAKING ACTION

RFU students have a passion to serve and a drive to lead, yet many face real barriers, from financial strain to food insecurity. We're responding with wraparound support: expanded tutoring, affordable housing, wellness and mental-health services, and opportunities to lead through service and student organizations. These efforts help ensure every student has the resources and encouragement to succeed, while also cultivating the skills and confidence they need to become the next generation of health and biomedical leaders.

#### IMAGINE...

if every student had the support they needed to thrive financially, academically and for their wellbeing. Imagine if scholarships were abundant, if no student had to choose between food and essential supplies, if every program were intentionally designed so all students could access, engage with and demonstrate their learning. Picture the impact if every passion discovered were nurtured into a lifelong commitment.



## UNIVERSITY LEADERSHIP

Rosalind Franklin University's Board of Trustees is the governing body of our institution, responsible for our mission, as well as the financial health and welfare of the university. Our trustees bring a vast knowledge of higher education, finance, government, nonprofit management and healthcare administration. The board provides leadership and guidance to RFU while shaping the university's goals, policies and practices.

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(Retired) Executive Vice President, Chief Medical Officer Advocate Health Care

#### **Aron Sousa**

President

Rosalind Franklin University

#### **Ernest Vasseur**

Philanthropy and Nonprofit Management

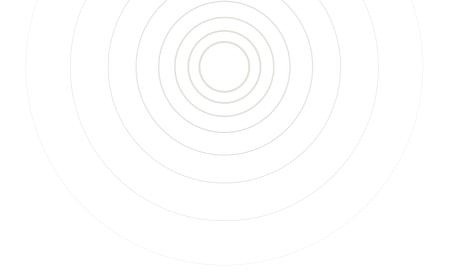
Past Executive Director Healthcare Foundation of Northern Lake County

#### Meghan Woltman

Vice President

Government and Community Relations Advocate Health Care





#### TRUSTEE EMERITI

#### **Rosalind Franklin**

Founder, Rosalind Franklin Group Partner, Leadership Consulting Practice, Boyden

#### Cheryl Kraff-Cooper

Ophthalmologist Kraff Eye Institute

#### Pamela Scholl

Chairman and President Dr. Scholl Foundation

#### Gail Warden

President Emeritus Henry Ford Health System

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Vice President for Community and Campus Outreach

#### Stephanie Wu, DPM, MS, FACFAS

Dean, Dr. William M. Scholl College of Podiatric Medicine

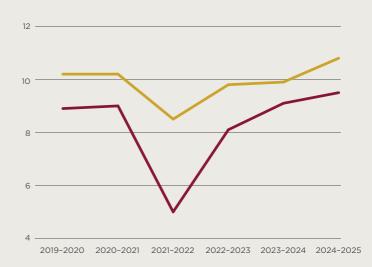
## BY THE NUMBERS

#### Fiscal Year Ending June 30, 2025

In Fiscal Year 2025, the university demonstrated strong financial performance driven by robust enrollment demand in both established programs and new offerings, most notably within the expanding College of Nursing. This momentum supported a 7% increase in net tuition and fees. Concurrently, the university successfully diversified its resources, achieving significant growth in philanthropic gifts, auxiliary revenue and patient care. Total operating expenses remained relatively flat, reflecting strategic initiatives aimed at creating operational efficiencies and reallocating resources to priority areas. These efforts reinforce the university's commitment to long-term financial sustainability and its mission to advance healthcare education.

#### **RESEARCH AWARDS** \$ IN MILLIONS





#### STUDENT ENROLLMENT\*

\*NUMBERS SHOWN WERE REPORTED FOR FALL QUARTERS

DR. WILLIAM M. SCHOLL COLLEGE
OF PODIATRIC MEDICINE

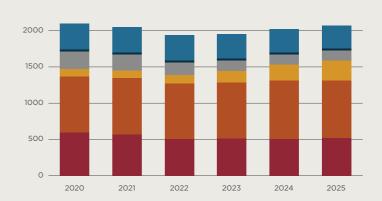
SCHOOL OF GRADUATE AND
POSTDOCTORAL STUDIES

COLLEGE OF PHARMACY

COLLEGE OF NURSING

CHICAGO MEDICAL SCHOOL

COLLEGE OF HEALTH PROFESSIONS



## **MISSION**

To improve the wellness of all people through innovative, interprofessional education of health and biomedical professionals and the discovery and implementation of knowledge.

## **VISION**

To lead the nation in developing interprofessional healthcare education and biomedical discovery to advance an equitable, healthy society.

## CORE VALUES

Collaboration, Excellence, Innovation, Integrity, Justice, Respect and Scholarship



CHICAGO MEDICAL SCHOOL

COLLEGE OF HEALTH PROFESSIONS

COLLEGE OF NURSING

COLLEGE OF PHARMACY

DR. WILLIAM M. SCHOLL COLLEGE OF PODIATRIC MEDICINE

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Your vital philanthropic partnership is empowering Rosalind Franklin University to steer health care and research in the right direction — one that elevates public trust, advances community-evidenced research, addresses critical healthcare workforce needs, removes economic barriers for learners and strives to achieve better outcomes for all.

Thank you for your support.



#### rosalindfranklin.edu/support-rfu

If you have questions, or to give your gift over the phone, please call 224-570-7316.



