LOEWENBERG SCHOOL OF NURSING STUDENT SIGNATURE FORM
(Form 002)

Student Name and University ID# ____________________________________________
(Please Print Name)

I will read all of the information in the LSON BSN Student Handbook of the Loewenberg School of Nursing and consider myself responsible for all policies included but not limited to the contents the LSON handbook and syllabi as I progress through the nursing program.

I must notify LSON of any physical or mental illness, injury, criminal activity, drug use, and/or health exposure during nursing school enrollment.

Signature of Student _______________________________________________________

Date Signed ______________________