



The Loewenberg School of Nursing

**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 _____