



STUDENT SIGNATURE FORM

Student Name _____ University ID # _____
(Please Print Name)

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

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

Signature of Student _____

Date Signed _____