

**Signature Form for Student Information
ADN Policies**

RNSG

NAME (Print) _____ HOME PHONE _____

SOCIAL SECURITY NUMBER _____ WORK NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

I HAVE RECEIVED, READ, UNDERSTAND, AND WILL ABIDE BY THE ASSOCIATE DEGREE NURSING PROGRAM POLICIES REGARDING:

- | | |
|-------|--------------------------------------|
| _____ | 1. Attendance |
| _____ | 2. Readmission |
| _____ | 3. Infection Control |
| _____ | 4. Dress Code |
| _____ | 5. Honesty Policy |
| _____ | 6. Drop Policy |
| _____ | 7. Math/Pharm Evaluation |
| _____ | 8. Grade Determination for Theory |
| _____ | 9. Grade Determination for Skills |
| _____ | 10. Grade Determination for Clinical |
| _____ | 11. Test Review |
| _____ | 12. Inclement Weather |
| _____ | 13. Computer Lab Testing Policy |
| _____ | 14. General Clinical Rules |
| _____ | 15. Posted eCampus Policies |

SIGNATURE _____ DATE _____

