

I understand that it is my responsibility to read and understand all the policies and information contained in the School of Nursing Handbook. This includes the policies related to Academic Honesty.

The School will provide electronic notices via email to your student account when changes have been made to the handbook.

Printed name: _____

Signature: _____

Date: _____

Please indicate your program/track and when you expect to graduate:

_____ Master of Science in Nursing _____ MS/MPH Dual Degree Program
_____ Doctorate of Nursing Practice (DNP) _____ PhD in Nursing

I expect to graduate ____ Spring ____ Fall, 20 ____

*Submission of this signed page is **required** for progression in the Nursing Program. Please return signed form to Liz Theroux in room 219 Arnold House.*

Disclaimer

The purpose of this Handbook is to provide students, faculty, and applicants to our program with consistent, current information about our program and policies. Information is updated at least once a year. While every effort has been made to ensure the accuracy of the information, the University reserves the right to make changes as circumstances arise. The contents of this Handbook do not, in whole or part, constitute a contractual obligation on the part of the University of Massachusetts, its employees or agents, nor does any part of this Handbook constitute an offer to make a contract. The information in this Handbook is provided solely for the convenience of the reader, and the University expressly disclaims any liability, which may be otherwise incurred.
