



NOTRE DAME
OF MARYLAND
UNIVERSITY

Name: _____

Cohort #: _____

By my signature, I acknowledge the following regarding the **School of Nursing RN/BSN Handbook**:

- I received the School of Nursing RN/BSN Student Handbook at Orientation
- The policies/procedures for the School of Nursing were presented to me during Orientation
- I understand how to access the Learner Handbook in Joule
- I was given the opportunity to ask questions during the training sessions
- I understand that I am responsible for complying with the policies and procedures of this handbook
- I understand that I am subject to consequences resulting from my failure to comply with the policies and procedures of this handbook.

Student Signature: _____ Date: _____