## FLORIDA INTERNATIONAL UNIVERSITY

## COLLEGE OF NURSING AND HEALTH SCIENCES

## NURSING UNIT

I have read, understand, and agree to adhere to the policies/procedures written

in this \_\_\_\_\_\_ Student Policies/Procedures

Manual.

NAME (PRINT)

SIGNATURE

DATE \_\_\_\_\_

NOTE: Florida International University and College of Nursing and Health Sciences' policies, procedures, requirements and regulations are continually subject to review in order to serve the needs of the University/College's publics and to respond to the mandates of the Florida Department of Education, Board of Governors, the Legislature, and other regulatory and accrediting agencies. Changes in programs, policies, procedures, requirements, and regulations may be made without advance notice.