

**Bowie State University
Bowie, Maryland 20715
Department of Nursing**

Academic Semester

FALL ____

SPRING ____

SUMMER ____

Student Acknowledgment of the Baccalaureate Nursing Student Policies

This is to verify that I have read and understand the Policies and Procedures associated with the nursing program at Bowie State University. It is also my understanding that the Policies and Procedures are subject to change with notice to the students of any changes.

Signature: _____

Printed Name: _____

Date: _____