

ACCEPTANCE FORM TO THE UW FAY W. WHITNEY SCHOOL OF NURSING

Full Name:
(please print)

W ID number:
(Students are required to use this # in all phone/email correspondence).

UW Email Address:
(If available at time of submitting this form; students are required to use UW email account).

STATEMENT OF ACCEPTANCE

I hereby accept admission to the Fay W. Whitney School of Nursing and received a copy of the Pledge for Nursing Students.

SIGNATURE _____ **DATE** _____

STATEMENT OF PERMISSION TO RELEASE INFORMATION

I hereby grant permission to the Fay W. Whitney School of Nursing to release information from my educational records for such purposes as prospective employment, recommendation letters, scholarships, graduate school, Sigma Theta Tau Honor Society, or other requests that I may initiate. This release will be retained in my permanent file at the School of Nursing for any future requests.

SIGNATURE _____ **DATE** _____

STATEMENT OF UNDERSTANDING

I have communicated with my adviser and acknowledge an understanding of the courses needed to complete degree requirements for the BSN. I understand that I am to maintain contact with my adviser on a semester basis for advice on courses and graduation.

I have read and acknowledge an understanding of the additional requirements that include submitting the Technical Standards for Admission form, referencing the BSN Completion Handbook and items related to the School of Nursing, advising and enrollment found on the School of Nursing website.

I understand the primary source of communication will be through UW email accounts. I understand that I'm expected to use my UW email account when corresponding with the university and to review the account on a regular basis.

I understand the BSN Completion Scholastic Requirements noted in the BSN Completion Handbook.

I understand that if I have a lapse of UW enrollment for at least three continuous academic semesters, that my status as a UW student may become inactive and I would need to reapply to both UW and to the School of Nursing if I should decide to resume nursing coursework.

SIGNATURE _____ **DATE** _____

*Email your completed and signed form to:
ReNEW@uwyo.edu or RN.BSN@uwyo.edu*