



### STATEMENT OF UNDERSTANDING

By signing below, I have referenced the BSN Completion Handbook and items related to the School of Nursing, advising, and enrollment found on the program website. I understand that I am to maintain contact with my adviser. In addition, I agree to note my UW ID number and to use my UW email account for all email correspondence with the university.

### EDUCATIONAL RECORDS RELEASE

By signing below, I hereby grant permission to the University of Wyoming 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 initiate.

This release will be retained in my permanent file at the School of Nursing for any future requests.

### TECHNICAL STANDARDS FOR ADMISSION VERIFICATION

\_\_\_\_\_ I verify that I can meet the technical standards **without accommodations**.

**OR**

\_\_\_\_\_ Please review my request for accommodation to meet the following technical standard(s):

- \_\_\_\_\_ 1. Observation/Sensory-motor
- \_\_\_\_\_ 2. Communication
  - \_\_\_\_\_ a. Written communication
  - \_\_\_\_\_ b. Verbal and nonverbal communication
  - \_\_\_\_\_ c. Computer usage
- \_\_\_\_\_ 3. Psychomotor
- \_\_\_\_\_ 4. Intellectual-Conceptual, Integrative, and Quantitative
- \_\_\_\_\_ 5. Behavioral and Social Attributes

Documentation that substantiates the disability should be submitted to University Disability Support Services (UDSS).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ UW ID NUMBER \_\_\_\_\_