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## BSN COMPLETION ENTRY/ACCEPTANCE FORM

### PROGRAM INFORMATION

By signing below, I confirm that I have examined the Fay W. Whitney School of Nursing (FWWSON) website and specifically located and referenced the BSN Completion Student Handbook. I acknowledge that my status in and progress through the BSNC Program is governed by the information, policies, and processes published in these resources.

### PROGRAM COMMUNICATION

By signing below, I agree that I will:

- maintain contact with the program advising team through my assigned advisor,
- note my UW ID # on all correspondence with FWWSN and BSN Completion offices, and
- use my University of Wyoming email account for all email correspondence with FWWSN, BSN Completion, and the university.

### EDUCATIONAL RECORDS RELEASE

By signing below, I hereby grant permission to the University of Wyoming FWWSN 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. I understand that this release will be retained in my permanent file at the School of Nursing for any future requests.

### DISABILITY SUPPORT SERVICES

By signing below, I agree that if I need any accommodations for physical, sensory, cognitive, or psychological disabilities to succeed in BSN Completion, I will seek those accommodations through the UW Disability Support Services (DSS) Office. I understand that all accommodations must be arranged through DSS and communicated to instructors in my courses by DSS.

- Physical location: Room 330 Knight Hall
- Telephone: 307-766-6189, TTY: 307-766-3073
- Website: <http://www.uwyo.edu/udss/index.html>

### STATEMENT OF UNDERSTANDING

By signing below, I confirm that I understand the statements and information here, that I agree to abide by these and all FWWSN and BSN Completion policies and requirements, and that I assume personal responsibility to seek clarity through the published resources and contact with UW, FWWSN, and BSN Completion personnel.

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

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