



SCHOOL OF NURSING HANDBOOK CERTIFICATION 2018-2019 Academic Year

I understand that:

- The University of Michigan School of Nursing Handbook is updated each academic year and that the final version will be available for me to review in the fall.
- I am responsible for reading the Handbook in its entirety each year that I am in the program.
- I am responsible for reviewing and understanding any changes made to the Handbook during the entire time that I am enrolled as a student in the School of Nursing and that changes made to policies and procedures may impact me as a student.
- My signature below indicates that I have read and that I understand my responsibility to ensure that I stay current with the School of Nursing academic policies and procedures in the handbook each academic year.

Signature _____ Date: _____

Printed Name _____ UM ID: _____