**Student Handbook Verification Statement**

This is to verify that I have received and understand that it is my responsibility to read the policies and procedures contained in the current *St. David’s School of Nursing, Texas State University, BSN Student Handbook*. I hereby agree to abide by all policies and procedures as addressed therein.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student’s signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print name

**This form is to downloaded, printed and completed when students complete Online Day One.**