

Yuba College Associate of Science in Nursing Program

Student Handbook Signature Page

By signing this document, I am stating that I have read this Student Handbook and agree to be bound by the policies/procedures/content/expectations contained therein and below. I understand that refusal to sign this agreement will result in my being unable to participate in the Nursing Program.

Program policies/procedures/content/expectations are reviewed and revised on an ongoing basis. When revisions are made, they are effective as of the date on the revision. Students are notified via Canvas of revisions and are expected to review and adhere to the revisions. The Student Handbook is posted to the program website and up to date with any revisions.

I authorize the college to provide information about me to the faculty, staff, administrators, clinical sites, and other entities, such as, but not limited to, federal, state, and local education authorities; professional boards and/or accrediting institutions that are necessary for my participation in the program. This may include, but is not limited to, background check, drug screen, date of birth, social security number, personal or college email, health information, and immunization record.

All rights to photographs taken of me belong to Yuba College and its designees. I understand the photos may be used for advertising and publicity purposes or any other use Yuba College intends, which may include billboards, print and broadcast advertisements, catalog and schedule covers or fillers, or other publicity or advertising purposes. I understand that I will not be compensated for use of the photos or time spent while taking the photos. I also acknowledge that there will be no notice given to me as to when or how Yuba College or its designees may use the photos. This is optional, and it is my responsibility to notify the photographer/recorder at the time of capturing to remove me, the student, from any media that is to be released.

Without a signed release, only directory information can be released (name, field of study, participation in officially recognized activities and sports, weigh & height of member of athletic team, and degrees received), and the student will not be eligible for clinical placement and program continuation.

Optional release of information to current or prospective employer, grant/scholarship committees, or other educational institutions can be released as well. If you would like to withhold any information from the optional parties, please cross out the items you do not want shared: name, address, phone numbers, and E-mail addresses.

It is the student's responsibility to notify and submit any name, physical address, or phone number changes to the Nursing Office (email ggarcia@yccd.edu), your faculty, Admissions and Records (in person), Complio, and ATI.

Name: _____ Signature: _____ Date: _____

8/24/2021

This document will be in your student record and will remain valid for the duration of your time in the Nursing Program.