

Student Notification, Acknowledgement and Release

I, _____, have read and understand the University of Massachusetts, Dartmouth's College of Nursing and Health Sciences' policy on Student Professional Nursing Competence and the MBON and College's Good Moral Character expectations, (the "Policy") which is attached here to and made a part of this Notification and Acknowledgement.

I understand that if I violate the University of Massachusetts Dartmouth's Student Code of Conduct and if this violation is also a violation under the CNHS "Policy", I may be processed through both UMassD Office of Student Affairs, consistent with the Student Code of Conduct, and the CNHS.

By signing this form, I give the Office of Student Affairs permission to inform the College of Nursing and Health Sciences of any resolved complaint made against me that violates the principles of the Policy on Professional Nursing Competency and Good Moral Character.

Print Student Name _____

Student Signature _____

Date _____