



**Student Handbook Contract of Agreement
Accelerated BSN Program**

By signing the form, I verify that I have read and understand the requirements contained in the current online copy of the Accelerated BSN Program Student Handbook. The handbook can be found at: <https://www.tesu.edu/nursing/students/nursing-student-resources>

I acknowledge that it is my responsibility to keep up with any changes and to seek clarification if I have any questions about the handbook or any aspects of the Accelerated BSN Program.

I also understand my continuing obligation to have health insurance coverage and confirm that I will maintain this coverage without interruption.

I understand and acknowledge that I am required to meet all clinical requirements, including health and professional liability insurance, certifications, health screenings, and vaccinations. This includes full vaccination for COVID-19. I also understand that these health requirements are mandatory and may change during the course of the program and I must continue to adhere to all current and future clinical requirements.

I agree to abide by the policies and procedures of the W. Cary Edwards School of Nursing and Health Professions and Thomas Edison State University.

Print Name: _____

Signature: _____

Date: _____