APPENDIX Q

Winona State University

Department of Graduate Nursing

Policy Assurances Form

The Department of Graduate Nursing Student Handbook serves as the official source of policies, procedures, and expectations for all students enrolled in the program. Students are responsible for reviewing the Handbook in its entirety and are required to sign an acknowledgment form **annually** indicating that they have read, understand, and accept the policies contained therein. By signing this document, students affirm their responsibility to comply with all policies and procedures throughout their enrollment in the program.

The Department of Graduate Nursing reserves the right to revise, update, or amend any information, requirements, or regulations outlined in this Handbook at its discretion. The Handbook should not be construed as a binding contractual agreement. Students are responsible for remaining informed of current policies and any updates as they occur.

The most current version of the Department of Graduate Nursing Student Handbook is available on the department's website under the Polices & Procedures tab at https://www.winona.edu/academics/colleges/nursing-health-sciences/graduate-nursing-department/student-resources/

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I affirm that I have read and understand the policies outlined in the Winona State University Department of Graduate Nursing Student Handbook. I acknowledge that it is my responsibility, as a student in the program, to become familiar with and abide by all policies contained within the Handbook; to remain informed of any policy updates or revisions; and to seek clarification for any policies that are not fully understood.

Furthermore, I understand that adherence to the standards of professional conduct, including ethical behavior, accountability, and respect for others, is an essential expectation of my role as a graduate nursing student. I agree to uphold these principles of professionalism in all academic, clinical, and professional interactions throughout my enrollment in the program.

Signed: _____ Date: _____

Print: _____ Date: _____

(First and Last Name)