

BSN-IH ATI® Assessment Review and Policy Student Acknowledgment

Please initial all and sign below:

___ I have received a copy of and have read and understand the University of Arizona College of Nursing BSN-IH ATI® Assessment and Review Policy

___ I understand that it is my responsibility to utilize all of the books, tutorials, and online resources available to me from ATI®, as designated by the University of Arizona College of Nursing BSN-IH program.

Student printed name

Date

Student signature