



**Appendix F.2
Student Expectations for Successful Achievement
of a BSN Completion Degree at ISU**

- I understand Nursing is a rigorous academic program.
- I understand each credit generally expects approximately 3 hours of work per week between class and home.
 - 14-15 credits = 42-45 hours per week
 - 17-18 credits = 51-54 hours per week
- I understand that class may not be made up, and I am responsible for knowing the content taught that day.
- I understand professors may not lecture on all assigned material, and I am responsible for all assignments.
- I understand that I can be scheduled for classes, final exams, and other educational activities until the last day of each semester.
- I understand that nursing requires professional fees in addition to tuition. These fees support program-wide needs (e.g., adjunct professors, task trainers, and simulation equipment).
- I understand there are costs every semester for books, exams, and class materials. The SON will provide estimated costs in advance, and I am responsible for purchasing supplies and paying fees on time.

SIGNATURE

DATE



Media Release

Instructions: Please review and indicate your agreement to this Release by signing below.

I hereby grant permission to Idaho State University (Idaho State) to use my name, image, voice, and likeness in all forms of physical and digital media for Idaho State's educational, marketing, and promotional purposes in perpetuity. Idaho State shall have the right to photograph, record, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse my name, image, voice and likeness in all markets, media, and technology now known or hereafter developed. Idaho State may exercise any of these rights itself or through any assignees, licensees, or other parties including other Universities.

I acknowledge that I will not be compensated for these uses, and that Idaho State exclusively owns all rights to the images, videos, recordings, and any derivative works created by Idaho State or its employees. I waive the right to inspect or approve of these uses. I hereby release Idaho State, its assignees, and its licensees from any claims that may arise from these uses, including without limitation claims of defamation, invasion of privacy, or copyright.

This Release is binding on me, my heirs, assigns, and estate. I understand Idaho State is not obligated to use any of the rights granted under this Release.

FULL NAME (PRINTED)

SIGNATURE

ADDRESS (STREET)

(CITY)

(STATE)

(ZIP)

EMAIL ADDRESS

TELEPHONE NUMBER

DATE

If you are under eighteen (18) years of age, your parent or guardian must sign below:

I represent that I am a parent/guardian of the minor who has signed the above release and that in that capacity Idaho State has my consent and authorization to use the name, voice and/or likeness as described above.

Parent/Guardian:

FULL NAME (PRINTED)

SIGNATURE

ADDRESS (STREET)

(CITY)

(STATE)

(ZIP)

EMAIL ADDRESS

TELEPHONE NUMBER

DATE



Appendix G

EXPERIENTIAL EDUCATION CONFIDENTIALITY UNDERSTANDING

By signing and dating this Confidentiality Understanding, the undersigned **STUDENT** indicates an understanding of, and agrees to be bound by, applicable terms and conditions of any agreement between any **FACILITY** and IDAHO STATE UNIVERSITY ("**PROGRAM**"). The **STUDENT** acknowledges that, as a material part of the consideration provided to **FACILITY** in exchange for **FACILITY** allowing the **STUDENT'S** clinical education at **FACILITY**, **STUDENT** agrees that any patient information acquired during the clinical education is confidential and that the **STUDENT** shall maintain the confidentiality of and not disclose this information at all times, both during the clinical education and after it has ended. **STUDENT** further agrees to abide by the applicable rules and policies of **FACILITY** and **PROGRAM** while at **FACILITY**. **STUDENT** understands that, in addition to other available remedies, **FACILITY** may immediately remove the **STUDENT** and terminate the **STUDENT'S** clinical education at the **FACILITY** if, in the opinion of **FACILITY**, the **STUDENT** endangers a patient, breaches patient confidentiality, disrupts the operation of **FACILITY**, or refuses to comply with the requests of **FACILITY** or its supervisory staff.

I have read and understand this Confidentiality Understanding and agree to abide by its terms. This Confidentiality Understanding shall be effective for the duration of the **STUDENT'S** enrollment in the School of Nursing program.

FULL NAME (PRINTED)

SIGNATURE

DATE

(Signed form will be saved in the student's record.)



**Appendix L
Received and Read the Student Handbook**

Statement of Understanding

My signature below acknowledges the following statements are accurate:

- I have received and read the ISU School of Nursing's Student Handbook.
- I have had an opportunity to review the handbook with faculty and staff.
- I have the opportunity to ask questions about the handbook at any time.
- I will comply with all aspects of the Handbook at all times throughout my role as a professional nursing student.
- I understand that failure to do so may result in disciplinary actions, including potential dismissal from the nursing program.

FULL NAME (PRINTED)

ISU ID (Bengal Card #)

SIGNATURE

DATE