

<u>STUDENT INTENT TO APPLY FOR NURS 4450 – COMMUNITY HEALTH</u> and STUDENT HANDBOOK ATTESTATION

Date		
Student Information		
Name	Semester:	
		Semester Year
Student ID Number:		
Address of Residence		
Student Phone #: (h)	(c)	
<u>UCCS</u> email address:		
✓ I attest that I have listened to the regarding the Community Heal website. https://uccs1.hosted.panopto.com/Panoptac6b0177c0e9	th course and clinical site	information on the
✓ I Attest that I have read the of Nursing and Health Scien Handbook and will comply the scient sci	ces Undergraduate Nu	rsing Student
	(Signature)	