

**BSN Student File
Clinical Forms Checklist**

Student Name: _____

CSUB ID: _____ **Date of Birth:** _____

Address: _____

Phone #: _____ **CSUB Email:** _____

Personal Email: _____

Expected Graduation year: _____

Health Insurance: Yes/No/Decline to state

Provider: _____

Please initial below to verify that you have read and agreed to the terms outlined in each document.

- A. _____ Photo Release Agreement Form
- B. _____ Undergraduate Handbook Acknowledgment (must review the Handbook)
- C. _____ Guidelines for Professional Appearance
- D. _____ Academic Integrity Policy

Please sign below to verify that you have completely read and agreed to the terms outlined in each document.

Name (Please Print): _____

Signature: _____

Date: _____