



College of Nursing
Rady Faculty of Health Sciences

DECLARATION

Student Name: _____

Student Number: _____

Date Absent: _____

COMPLETE FOR EACH COURSE MISSED ON THE DAY:

Course
Number: _____

Course
Leader: _____

Activity
Missed: _____

Course
Number: _____

Course
Leader: _____

Activity
Missed: _____

Note: A false statement may result in disciplinary action, up to removal from the Bachelor of Nursing program

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This form will be stored in a locked cabinet in the Student Services Office, College of Nursing. The form will be retained for 3 years after the student leaves the program, and then will be confidentially destroyed.

FOR OFFICE USE ONLY:

Received: _____

Recorded: _____