



**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: \_\_\_\_\_