

Statement of Understanding: Out of State Practicum Agreement Form

Student Name: _____

Student ID (CWID): _____

Program Track: _____

Please Read and Initial the Following Statements:

	I understand that my current state of residence does not allow students to complete practicum if enrolled in an out of state school.
	I understand that I will not be approved to complete practicum in my current state of residence.
	I understand that I will need to complete practicum in an approved state.
	I reviewed the Nursing State Authorization Disclosure posted on: http://cnh.loyno.edu/nursing/school-nursing-resources
	I understand that I may need to travel several hours away from my current state of residence to complete practicum.
	I understand that the University regulations for withdrawal and course refunds apply without exception.

My signature below indicates that I reviewed and understand the statements above.

Student Signature: _____ Date: _____

Program Director Signature: _____ Date: _____