

## The University of Texas at Tyler – School of Nursing

### Graduate Admission Acceptance Affirmation Form

1. I have/will read the current UT Tyler School of [Nursing Student Guide](#) and will abide by the policies and procedures outlined within it. I understand that I am responsible for all information contained in the Nursing Student Guide, related to my academic program.
2. I have/will read The University of Texas at Tyler [Social Media Guidelines](#). I agree to protect the privacy of faculty, peers, patients, and family members of patients by not inappropriately disclosing confidential information about faculty, peers, patients or their family members that is disclosed to me in my capacity as a University of Texas at Tyler nursing student. In addition, I agree not to inappropriately disclose confidential information about any agency or institution that is disclosed to me in my capacity as a University of Texas at Tyler nursing student. I will adhere to HIPAA guidelines.
3. I agree that I will conduct myself in a manner that exhibits professional values and in accordance with the American Nurses Association (ANA) Code of Ethics for Nurses, Social Policy Statement, the State Nurse Practice Act and University of Texas at Tyler's [Student Academic Dishonesty Policy](#) and any specialty specific regulations.
4. I will maintain and uphold The University of Texas at Tyler [academic integrity policy](#) and will not condone or participate in any activities of academic dishonesty.
5. I will not obtain/recreate or copy any items or portions of any exam for my own use or for use by others during my enrollment as a student in the School of Nursing.
6. I will sign and/or submit only my own papers/documents for required course work, and I will not sign any other student's name to anything.
7. I recognize that I am responsible to maintain health insurance coverage for myself. Further, I recognize that The University of Texas at Tyler School of Nursing or other agencies in which I may have clinical practicum are not responsible for my health care needs that result from clinical participation.

Student Name (print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_