



MONTANA STATE UNIVERSITY-BOZEMAN COLLEGE OF NURSING
POLICY A-19 ATTACHMENT
AFFIDAVIT

I have read Policy A-19 Abilities required for success in the BSN degree program found on the College of Nursing website at: http://www.montana.edu/nursing/documents/pdf/A19.pdf and understand the expectations.

I have reviewed the list of required abilities in Procedure A-19 at: http://www.montana.edu/nursing/documents/pdf/A19%20Procedure.pdf and I am able to or believe I have the potential to perform the required tasks/skills by the time of degree completion.

Main Campus

Anna Pearl Sherrick Hall
P.O. Box 173560
Bozeman, MT 59717-3560

Tel 406-994-3783
Fax 406-994-6020

Billings Campus

1500 University Drive
MSU-Billings Campus, Box 574
Billings, MT 59101

Tel 406-657-2912
Fax 406-657-1715

Great Falls Campus

400 15th Ave. South, Suite 106
Great Falls, MT 59405-4375

Tel 406-771-4450
Fax 406-771-4449

Missoula Campus

32 Campus Drive #7416
Missoula, MT 59812-7416

Tel 406-243-6515
Fax 406-243-5745

Kalispell Campus

210 Sunny View Lane, Suite 5
Kalispell, MT 59901

Tel 406-751-6967
Fax 406-257-3415

Student Name (printed) and Signature/Date

OR

I have read Policy A-19 Abilities required for success in the BSN degree program found on the College of Nursing website at: http://www.montana.edu/nursing/documents/pdf/A19.pdf and understand the expectations.

I have reviewed the list of required abilities in Procedure A-19 at: http://www.montana.edu/nursing/documents/pdf/A19%20Procedure.pdf and I am not able to or don't believe I have the potential to perform some of the required tasks/skills by the time of degree completion.

The tasks/skills that I do not believe I am able to or will be able to perform by the time of degree completion are:

Three horizontal lines for listing tasks/skills.

I understand that I may be referred to the Montana State University-Bozeman Office of Disability, Re-entry & Veterans Services to document and assess eligibility of a disability (which is determined case-by-case) and to discuss if reasonable accommodations can be provided to assist me in being able to accomplish the skills/tasks I have identified above.

Student Name (printed) and Signature/Date

UPLOAD TO YOUR CASTLE BRANCH ACCOUNT AT APPLICATION

2017