Emiraza College
Associates of Science in Nursing Program
Course Syllabus Acknowledgment Form

I, Leidys Montero Infante, certify that I have received the Health Assessment Syllabus. I understand that it is my responsibility to review it in its entirety and seek clarification on any questions, concerns or points in which I need clarification. I further understand that it may be amended and/or changed during my enrollment. By signing this acknowledgement, I understand that it is my responsibility to follow all policies and procedures as outlined.

I also understand that I am an adult learner responsible for completing my readings and assignments prior to class as this is all testable material due to the pace of this non-traditional program.

I have read the attendance and grading policy as it is stated in this syllabus. I have had the opportunity to ask questions regarding the policy's content and have had my questions answered. I acknowledge an understanding of the policy and the role it has on the course grades I receive.

In the event of any change or amendment, I will receive notification of the changes. I understand that it is my responsibility to review the changes and/or amendments in their entirety. I will seek clarification on any questions, concerns or points for which I do not understand.

I understand if I fail to adhere to the requirements, I may be withdrawn or receive a failure for this course.

Leidys Montero Infante
Student Name (Printed)

Montero
Student Signature

4-10-21
Date