



Nursing Program Student Activity Verification Form

Carthage College-Department of Nursing is dedicated to nursing academic success and success officially sanctioned activities such as athletics and performing arts. Clinical experiences are required for successful completion of the nursing program. At times there may be conflicts with activities and clinical hours. This form is a tool to verify a nursing student’s activity to facilitate collaboration between programs for the successful completion of nursing clinical hours. The form is to be completed by the student and submitted to the Office of the Department of Nursing.

Note that clinical space is limited and dictated by clinical partner requirements. Carthage Nursing is unable to change the student clinical schedule.

STUDENT NAME: _____ ID #: _____

Class Year: Freshman Sophomore Junior Senior

List Activity:

Coach or Faculty information:
Name: _____ Discipline: _____ Email: _____

Activity will be conducted during (select appropriate term(s) and year):

<input type="checkbox"/>	Fall	20	<input type="checkbox"/>	Spring	20	<input type="checkbox"/>	Summer	20			
<input type="checkbox"/>	1 st 7	<input type="checkbox"/>	2 nd 7	<input type="checkbox"/>	1 st 7	<input type="checkbox"/>	2 nd 7	<input type="checkbox"/>			

I understand that nursing courses and clinical hours are requirements for the successful completion of the BSN at Carthage College. Collaboration between the nursing program and student activities has the goal to foster student academic success. This collaboration will produce an individualized plan for the student to complete the required hours. The copy of the plan will be within the requirements of the Wisconsin State Board of Nursing and nursing accreditation guidelines for the successful completion of each course. This plan will be created by the Department of Nursing and a copy will be provided to the student.

Student Signature: _____

Coach/Faculty
Activity Signature: _____

Approval Signatures: If you have courses from multiple departments that need approval, you will need more than one signature.

Nursing Didactic
Course Faculty: _____

Director of Nursing: _____

Cc: Clinical Faculty member, Nursing Student, Coach/Faculty of activity