

**UNIVERSITY OF THE VIRGIN ISLANDS
SCHOOL OF NURSING
BACHELOR OF SCIENCE IN NURSING PROGRAM
Self-Attestation Form**

Self-Attestation for Number of Hours Worked

I, _____, certify that I work _____ hours per week.

I am employed with _____(employer) since on or about _____(date).

I understand that to be enrolled full-time with the UVI School of Nursing, I should work less than 20 hours a week.

ATTESTATION

I attest that the above statement about myself, which relates to my eligibility for full-time admission, is true and correct to the best of my knowledge.

(Applicant Signature)

(Date)

Self-Attestation for Implications of Working While Enrolled in the BSN Program

I understand that if I choose to continue working full-time and enroll in the BSN Program full-time, I must take responsibility for managing my time to ensure that I complete ALL reading assignments, and learning exercises assigned for each course.

I understand that attending classes and taking examinations while I am in the workplace is prohibited.

I understand that the SON cannot make accommodations in class schedules that may conflict with my work hours.

ATTESTATION

I attest that I accept the implications of working listed above while enrolled in the BSN Program at the SON.

(Applicant Signature)

(Date)