

Division of Health and Human Services

Graduation-Employment Relationship Acknowledgement Form

I, _____, hereby acknowledge that I am informed, I understand, and I agree that my graduation from the Nursing Program and Columbus State does not guarantee my employment in my chosen field of study or otherwise. Furthermore, I also understand that neither the faculty nor staff of Columbus State is responsible for my employment or placement into a job. Therefore, neither Columbus State nor any individual employed by Columbus State is accountable for my employment in my field of study or otherwise. In signing this acknowledgement form I recognize and agree that employment is my own responsibility.

(Student's Printed Name)

(Student's CID)

(Student's Signature)

(Date Signed)

(Signature of Program Coordinator)

(Date Signed)