

**Student or Student Group Authorization
for the Bryan College of Health Sciences Digital Archives:
the College's open access digital repository
www.archives.bryanhealthcollege.edu**

This non-exclusive distribution license gives authorization for the permanent addition of selected student work to the Bryan College of Health Sciences Digital Archives. Works recommended by the course faculty or faculty advisor will be accepted and made available within the Bryan College Scholarly Works Archives, the College's open access digital repository.

To facilitate collection of individual permissions, the Authorization may be requested of each student in the course prior to the presentation of the research project. Faculty will determine the projects to be submitted to the Archives, based on criteria within the grading rubric for the project. Students will be notified of their research project's inclusion in the Archives.

I agree to deposit my research project into the permanent collection of the Bryan College of Health Sciences (BCHS) Digital Archives. I agree that BCHS has the non-exclusive right to make this work available for open access via the Bryan College Scholarly Works Archives. I acknowledge that the submitted work is my original creation, that it follows all conventions of academic rigor, including proper citations, and permissions from third party content providers and copyright holders. This agreement is valid unless I terminate it via signed communication with the repository administrator.

Student Information (if the research was a group project, each student must provide name, email and signature)

Student author name: Mackenzie Grieve
Student e-mail address: mackenzie.grieve@yahoo.com
Student signature: Mackenzie Grieve Date: 11/29/18

Student author name: Laura Bjornstad-Wurtz
Student e-mail address: laura.bjornstad@bryanhealthcollege.edu
Student signature: Laura Wurtz Date: 11-29-18

Student author name: _____
Student e-mail address: _____
Student signature: _____ Date: _____

Student author name: _____
Student e-mail address: _____
Student signature: _____ Date: _____

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Upon determining the eligibility for deposit of a student research project into the Bryan College of Health Sciences Digital Archives, the following information must be completed.

Program and course for which the research project was completed:

Program: Undergraduate Nursing: Research and Evidence-Based Practice Course number: NURS 337

Faculty Advisor Information

Faculty advisor name: Lesia Hoppe, PhD, MSN, RN

Faculty title and institutional affiliation: Associate Professor, Bryan College of Health Sciences

Faculty advisor e-mail: lesia.hoppe@bryanhealth.org

I recommend the deposit of this student work into the permanent collection of the Bryan College of Health Sciences (BCHS) Digital Archives.

Faculty signature: Lesia Hoppe Date: 3/1/19

Title of student's (or group) work/research project:

Subject/keywords describing the work: _____

Presentation location (including a conference name, if applicable) and date: _____

(Plans to apply for Celebrate Nursing 4/22/19 NNA M16/ Sigma Nu Rho event - poster presentation)

Descriptive abstract/summary of the scholarly work (beneficial but optional): (see attached)

Both the student(s) and faculty research advisor for the student work must complete and sign this form before the student's research documents or files are deposited in the Bryan Archives collections. If multiple students were involved in the research project, each student must sign the Student Authorization Form. The signed authorization form will be kept on file in the Library but will not be displayed with the work.