

Circle Your Program of Study:

CVP DHA DNAP HCS MHA MSHI OT PA PhD PT

Student's Name (Print, please.): _____

Honor Code

Statement of Understanding and Compliance

I, (the undersigned), signify that I have read and understand the MUSC Honor Code and hereby pledge my support. I understand what is expected of me as a student of the Medical University of South Carolina and realize the University Honor Council will not accept a plea of ignorance.

Signature: _____

Date: _____

