

STUDENT ACKNOWLEDGEMENT



College of Health Professions

I, _____ (printed name), signify that I have read and understood the following documents and have viewed the required videos as listed below. I hereby pledge my support and adherence to these policies, procedures, and expectations.

- Student Policies and Procedures Manual (for my academic program)
- College of Health Professions Student Policy and Procedures Manual
- MUSC Honor Code
- MUSC Bulletin
- CHP Policies & Procedures Video

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.

Student Signature

Date

Check your program:

____ CVP ____ CVP-PP ____ DHA ____ MSHI ____ PhD ____ RMHA

____ BS-HCS ____ DNAP-Post Masters ____ DNAP-Post Bacc ____ EMHA

____ OTD ____ ODT-PP ____ PAS ____ DPT