

Acknowledgement of Receipt of Handbook

I acknowledge receipt of the policies and procedures contained in the Florida Atlantic University Charles E. Schmidt College of Medicine Handbook. By signing this statement, I agree to abide by all the regulations, policies and procedures contained herein, including by reference or hyperlink, and any amendments that may occur from time to time.

I understand that the College will periodically review its policies and procedures in order to serve the needs of the University and the College and to respond to mandates of the Legislature, the Florida Board of Governors, the Florida Atlantic University Board of Trustees, the federal government, and other regulatory and accrediting agencies. Florida Atlantic University and the Charles E. Schmidt College of Medicine reserve the right to change, rescind, or include additional regulations, policies and procedures in the College of Medicine's Student Handbook. I understand that such changes may occur without notice and that I agree to periodically check the online version of the College of Medicine Student Handbook for the latest version.

Signature: _____

Date: _____

Print Full Name: _____

Class 20 _____

Submit this signed form to the Office of Student Affairs by the end of Orientation Week. Your Registration will not be complete until this signed form is returned.