

UAMS CPH  
HONOR CODE AGREEMENT

I, the undersigned, have read and understand the CPH Honor Code and understand that the consequences of a violation of the Honor Code may result in disciplinary action up to and including dismissal from an academic program.

Print Name: \_\_\_\_\_  
                    *First Name*                    *Middle Initial*                    *Last Name*

Signed: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this completed form to the**  
**COPH Office of Student Services**  
**Fay W. Boozman College of Public Health, Room 1210**  
**UAMS Slot 820**