

UAMS COPH

STUDENT HANDBOOK AGREEMENT

I, the undersigned, have read the COPH Student Handbook and understand that I am responsible for knowing and following the policies and procedures contained therein. I understand that I may always view the most current update of the COPH Student Handbook at www.uams.edu/coph/handbook.asp.

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