

STUDENT HANDBOOK AGREEMENT

As a student of the Utah Valley University (UVU) Physician Assistant Program, I understand and agree that I shall abide by and be governed by all school and university policies wherever they may reside, including, but not limited to, the UVU Physician Assistant Program Student Handbook and UVU policies, as they may be updated from time to time.

By signing this form, I understand that it is my responsibility to read the handbook and familiarize myself with the policies and regulations established by the Utah Valley University Physician Assistant Program.

Signature

Print Name

Student UVU ID #

Date