Revised Fall 2018

ACKNOWLEDGEMENT

I have received a copy and reviewed the Wallace Community College Respiratory Therapy Program general departmental policies. I understand this policy and agree to abide by the rules of the College and the program. I also understand that failure to abide by the rules could result in dismissal from the RPT program without the possibility of readmission.

Student Name (printed) _____

Signature: _____ Date: _____

Director, Clinical Education: _____ Date: _____

Program Director: _____ Date: _____