



Student Handbook Acknowledgement

I have received, reviewed and sought clarification of the Student Handbook and its contents. I am aware and responsible for adhering to all of the policies and procedures contained in this student handbook.

I have read the entire student handbook and understand my responsibilities as a student at South Florida Medical College is to be accountable for the standards set forth in the Student Handbook.

I agree to follow all of the policies and procedures contained in the student Code of Conduct. I also understand that if I violate the policies and procedures contained in the Student Handbook that I will receive the appropriate consequences.

I understand South Florida Medical College School of Nursing Student Handbook policies are subject to revision throughout my program and I am responsible for remaining current.

I am aware that this acknowledgement letter will be place on my student file.

Name (Print): _____

Name (Signature): _____

Date: _____

Miami Gardens Campus
1111 Park Centre Blvd. Suite 102
Miami Gardens, FL 33169
Phone: 305-625-2112. Fax: 305-625-1008
www.SFMedicalCollege.com