

Part XIX. Acknowledgement Form

Student ID # _____

ACKNOWLEDGEMENT

Program

Print Student Name

Date

The purpose of this signature is to:

1. Acknowledge that I have received and read the Southeast Tech Health and Human Services Division Student Handbook.
2. Acknowledge that I am aware that the on-line Southeast Tech General Catalog is available on line at www.southeasttech.edu.

My signature confirms my knowledge and intent to comply with the stated policies and guidelines during my enrollment at Southeast Tech.

Student Signature

Instructor Signature

TO STUDENT: Please sign and return this authorization to your program instructor. This authorization will be filed in your program student file.