



# FAULKNER

## COLLEGE OF HEALTH SCIENCES

### STUDENT HANDBOOK ACKNOWLEDGEMENT

I , \_\_\_\_\_ (print name), have received and will review Faulkner University's College of Health Sciences Graduate Student Handbook and agree to abide by the policies, procedures, and requirements therein. I understand that Faulkner University reserves the right to make changes to the handbook as needed, and I understand that if changes or additions are made to this handbook, I will be notified either in writing or via university email.

By signing below, I attest that I agree to abide by and comply with all contents of the Faulkner University College of Health Sciences Graduate Handbook.

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Student Signature

Date