



**University of Mississippi Medical Center
John D. Bower School of Population Health
Compact Agreement Form**

This acknowledgement form will confirm that a biomedical graduate student has received the Compact between Biomedical Graduate Students and Their Research Advisors.

I acknowledge that I have received the Compact between Biomedical Graduate Students and Their Research Advisors and accept responsibility for reviewing, understanding and complying with the Commitments of Graduate Students in the John D. Bower School of Population Health at the University of Mississippi Medical Center.

Student Name (Printed): _____

Student Signature: _____

Department: _____

Date: _____