



**University of Mississippi Medical Center
John D. Bower School of Population Health
Student Handbook Acknowledgement Form**

I acknowledge that I have read the John D. Bower School of Population Health Student Handbook and accept responsibility for understanding and complying with the policies and procedures of the John D. Bower School of Population Health.

I recognize that the policies and procedures may change, and I accept responsibility for maintaining current and accurate information.

Student Name (Printed): _____

Student Signature: _____

Department/Program: _____

Date: _____