



By signing this form, I acknowledge that I have received an electronic copy of the 2021-2022 School of Health Related Professions (SHRP) Student Handbook. The SHRP Student Handbook has been presented to me and I have had the opportunity to inquire about policies and procedures, or any items concerning the content. I have read this handbook and understand regulations and information included in the handbook. I agree to abide by these policies and procedures while enrolled as a student at SHRP. I am aware that a copy of this SHRP Handbook acknowledgement form will be retained in my student department file. I understand the SHRP Handbook is available online on the SHRP website at [www.umc.edu/shrp](http://www.umc.edu/shrp).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Id#

\_\_\_\_\_  
Date

By initialing below – I am granting SHRP the right to publish photographs taken of me to promote SHRP and UMMC via print media, video media, and social media. If at any time I would like to revoke the photo permission, I understand I must notify the SHRP Dean’s Office, in writing.

**INITIAL HERE for photo release** \_\_\_\_\_

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| BSHSA  | MHSA  | Medical Scribe | Leadership and Mgt. |
| MLS    | HTL   | OTD            | DPT                 |
| RS     | RSAS  | MRI            | NMT                 |
| MLS AS |       |                |                     |