

NORTHWOOD TECHNICAL COLLEGE
HEALTH SCIENCES
STUDENT POLICIES

**HEALTH SCIENCES/PROGRAM ORIENTATION & STUDENT HANDBOOK
SIGNATURE PAGE**

Student Name: _____

I participated in the program orientation and completed, signed, and uploaded all required documentation.

In addition, I have read the electronic copy of the Northwood Tech Health Sciences /Program Student Handbook available on the program web page.

I have read, asked questions, and I understand the guidelines set forth in these documents. I agree to abide by the guidelines defined by the Health Sciences/Program as well as Northwood Tech college policies.

Signature: _____
(Typed signature is acceptable)

Date: _____