



SVSTI SIGN OFF SHEET

____ I understand that it is my responsibility to read and familiarize myself with the policies and procedures contained in the Academic Catalog & Student Handbook which may be found on the website at www.svsti.com

____ I future always agree to abide by the standards and accept full responsibility for my behavior on and off campus.

____ I pledge to adopt the professional philosophy of SVSTI, perform my duties to the best of my ability and, upon graduation, will demonstrate pride in my career as a medical professional.

____ I read the externship policy and understand that if I decline an externship and/or get expelled from a site I will be withdrawn from the Program without a completion grade.

____ I have read and understand the lab safety & Maintenance Policy

____ I accept that placement is based on availability and understand that most sites require a full-time schedule.

____ I accept that during COVID there could be a delay in my externship placement.

Student Signature: _____ Date: _____

Student Printed Name: _____

Program: _____

SVSTI Signature: _____ Date: _____