**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 which may be found on the website at [www.svsti.com](http://www.svsti.com)

\_\_ I future agree to abide by the standards and accept full responsibility for my behavior on and off campus at all times.

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I read the externship policy and understand that if I decline an externship and/or get expelled from a site I will be withdrawn from the Program without a completion grade.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

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Student Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SVSTI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_