



**AUGUSTA UNIVERSITY
MEDICAL COLLEGE
OF GEORGIA**

Augusta University Medical College of Georgia Attestation Form

I HAVE READ AND REVIEWED THE FOLLOWING AUGUSTA UNIVERSITY-MEDICAL COLLEGE OF GEORGIA POLICIES AND PROCEDURES.

1. Augusta University Student Code of Conduct _____ **Initial Here**
2. Augusta University Student Manual _____ **Initial Here**
3. Faculty Senate Student Promotions
Committee Academic and Professionalism
Policies and Procedures _____ **Initial Here**
4. Blood and Body Fluids Exposure Policy _____ **Initial Here**
5. Sexual Misconduct Policy _____ **Initial Here**
6. Student Mistreatment Policy _____ **Initial Here**
7. Excused Absence Policy _____ **Initial Here**
8. Non-involvement of Providers of Student Services
in Student Academic Evaluations Policy _____ **Initial Here**
9. Request for Letter of Recommendation Policy _____ **Initial Here**

I _____ attest that I have read and understand each of the policies listed above.

Signature

Date