

## Appendix A

### Receipt of LMU-Harrogate Physician Assistant Catalog and LMU-Harrogate Handbook

I hereby acknowledge that I have received a copy of the Physician Assistant Catalog. I further acknowledge that I am responsible for all the information contained within the catalog and handbook and I will abide by the policies, rules and regulations set forth therein. I further acknowledge that I have received a copy of the Lincoln Memorial Railsplitter Community Standards Guide and that I am responsible for the policies, rules and regulations set forth in that publication. I realize in some cases, the rules and regulation of the LMU-Harrogate Physician Assistant Catalog and Handbook exceed those of the Lincoln Memorial University, examples being in areas such as class attendance, dress code, etc., and understand in such cases I must comply with those policies stated in the LMU-Harrogate Physician Assistant Catalog and Handbook.

I understand that failure to comply with the policies, rules and procedures set forth in the catalog and handbook may result in disciplinary action, suspension, or termination from the Lincoln Memorial University-Harrogate School of Medical Sciences Physician Assistant Program.

I have read, understand, and agree to abide by the LMU-Harrogate PA Catalog and Handbook

---

Student Name (Printed Legibly)

---

Student signature

---

Date