GRADUATE SCHOOL OF PUBLIC HEALTH
University of Pittsburgh

ACKNOWLEDGMENT OF RECEIPT OF POLICIES

Please sign and return this form to the Office of Student Affairs, G009 Public Health, before initial registration for classes. Students may not register until the form has been submitted.

PLEASE KEEP A COPY OF THE SIGNED FORM FOR YOUR RECORDS.

I acknowledge that I am responsible for reading and abiding by the policies listed below:

1. Policy on Academic Integrity*
2. Policy on Research Integrity*
3. Policy on Teaching Assistants, Teaching Fellows, and Graduate Student Assistants*
4. Policy on Student Code of Conduct*
5. Policy on Sexual Harassment*

*1-5 are available in the Academic Handbook at: http://www.publichealth.pitt.edu/academic-handbook under Part IV: Detailed policies and references – University policies

6. Policy on Probation and Dismissal
   http://www.publichealth.pitt.edu/academic-handbook under Part IV: Detailed policies and references – Probation and dismissal guidelines

7. Policy on Consensual Relationships
   http://cfo.pitt.edu/policies/documents/Policy07-14-01web.pdf

8. Guidelines for Responsible Conduct of Research
   http://www.provost.pitt.edu/about/guidelines-resources - under Research

9. Elements of Good Academic Advising
   http://www.provost.pitt.edu/students/graduate-studies/elements-good-academic-advising

10. Requirements of the program to which I have been admitted
    http://www.publichealth.pitt.edu

11. I acknowledge that I am responsible from completing the online academic integrity module in the time period specified. Information will be sent by email to all new students at the start of their first semester. Additional information on the policy can be found under Part II: Course and credit requirements at: http://www.publichealth.pitt.edu/academic-handbook

Name: ____________________________________________________________
(Please print) Last Name First Name

Department: ________________________________________________________ Degree: _______________________

Signature: _________________________________________________________ Date: _______________________

01/19