**Committee on Academic & Professional Standards**

**West Virginia University School of Dentistry**

**Department of Dental Hygiene**

I have read and understand the Student code of Academic and Professional Behavior for the School of Dentistry. I pledge to adhere to the Student Code of Academic and Professional Behavior for the Dental Hygiene Program.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

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I have read and agree to abide by the Policy on Academic and Professional Standards governing the Dental Hygiene program adopted by the faculty of the WVU School of Dentistry.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have read and agree to review annually the FERPA notification published by the School of Dentistry on its website.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have read and agree to abide by the Policy on Professional Appearance and Attire.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have read and agree to abide by Department of Dental Hygiene Uniform Policy.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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