



COLLEGE *of* ARTS & SCIENCES
and SCHOOL *of* MEDICINE

Combined BA/MD Program

Acknowledgement of Program Handbook

As a student in the Combined BA/MD Degree Program, I take full responsibility for familiarizing myself with the BA/MD Program Handbook. If I have any questions and/or concerns about any Program policy, I understand that I should consult a staff member of the BA/MD Program office.

Print Name: _____

Signature: _____

Date: _____