

**Committee on Academic & Professional Standards
West Virginia University School of Dentistry
Division 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

(Printed): _____

Date: _____

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: _____

Name

(Printed): _____

Date: _____

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

Signature: _____

Name

(Printed): _____

Date: _____

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

Signature: _____

Name

(Printed): _____

Date: _____

Please return this sheet to:

WVU School of Dentistry
Division of Dental Hygiene
PO Box 9405
Morgantown, WV 26506-9405