

Office of Academic Affairs

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

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 DDS Degree Program.

Signature: _____

Name

(Printed): _____

Date: _____

I have read and agree to abide by the “Policy on Academic and Professional Standards” governing the DDS degree program adopted by the faculty of the WVU School of Dentistry.

Signature: _____

Name

(Printed): _____

Date: _____

I have read and agree to review annually the “Family Education Rights and Privacy Act (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 (Dress Code)”.

Signature: _____

Name

(Printed): _____

Date: _____

I have read and agree to abide by the “Use of Social Networking Sites, Blogs, and Instant Messaging Policies.”

Signature: _____

Name

(Printed): _____

Date: _____

Please return this sheet to:

Office of Academic Affairs
WVU School of Dentistry
PO Box 9402
Morgantown, WV 26506-9402