

STUDENT CONSENT FORM - ZERO TOLERANCE POLICY FOR DRUGS

To,
Campus Superintendent
Residential Semester
BRAC University

I,, hereby acknowledge that I have read the RS handbook and I am fully aware of and understand the "Zero Tolerance Policy on Drugs" enforced by BRAC University. By signing this consent form, I affirm that I have been provided with the necessary information regarding the university's stance on drug use, possession, distribution, and related activities.

I understand that the Zero Tolerance Policy on Drugs is a fundamental aspect of BRAC University's commitment to maintaining a safe, healthy, and productive educational environment for all students, faculty, staff, and visitors.

By signing below, I acknowledge the following:

- 1. I have been informed about BRAC University's Zero Tolerance Policy on Drugs and the potential consequences of violating this policy.**
- 2. I understand that drug use, possession, distribution, or any involvement in drug-related activities is strictly prohibited on the university premises.**
- 3. I am aware that if suspected of drug abuse, I may be asked to take a urine/blood test, and if the result is positive, I have to face disciplinary procedure.**
- 4. I am aware that violating the Zero Tolerance Policy on Drugs can result in disciplinary actions, which may include but are not limited to, suspension, expulsion, legal action, and reporting to appropriate authorities.**
- 5. I acknowledge that I have read, understood, and agreed to comply with BRAC university's Zero Tolerance Policy on Drugs.**

Student's Full Name: _____

Student's Signature: _____

Date: _____

Witnessed by

Parent's Full Name: _____

Parent's Signature: _____

Date: _____