

Receipt and Responsibility Confirmation

PhD Program Student Manual

// 2021-2022 //

I, _____, understand that I am responsible for reading and understanding the entirety of the HCE PhD Student Manual (for the 2021-2022 academic year) and that it constitutes an agreement between me and the PhD program. In particular, I understand that while the staff and faculty of the PhD program are here to support my graduate work and progress in the program, it is primarily my responsibility to: ensure all student records are correct; register for the correct courses and credit hours; ensure the accuracy of any contracts in which I am a party; to enroll or waive health insurance coverage; ensure that my curriculum planning meets the program requirements. I also understand that I may be held financially responsible for any fees that accrue because of errors made in the above categories.

Student Name

Signature

Date

Date Received by HCE & Initial



SAINT LOUIS UNIVERSITY

**ALBERT GNAEGI CENTER FOR
HEALTH CARE ETHICS**