

**Norwich University
SM/ATE Program**

Program Policy and Procedure Understanding Form

I, _____, as a sports medicine/athletic training student participating in the Sports Medicine/Athletic Training Education (SM/ATE) Program at Norwich University hereby confirm by my signature below, that I have been given a copy of, read, and comprehend the current Norwich University SM/ATE Program Policies and Procedures Manual.

I will abide by all the policies and procedures contained within the manual and understand that any deviation or violation of the policies and procedures could result in disciplinary action or dismissal from the Norwich University SM/ATE Program.

I have been informed that the manual is always available for my review with the Athletic Training Offices or the Office of the Athletic Training Education Program Director and that if I feel I do not understand or disagree with the policies and procedures contained in the manual, that I can ask for clarification or assistance from an SM/ATE Program staff member in order to resolve the issue(s).

Signature

Date

Signature

Date