



Student Attestation of Understanding

I have reviewed the Pace University-Lenox Hill Hospital Physician Assistant Student Program handbook. I have read the policies and procedures concerning the Physician Assistant Program. I understand my obligation to fulfill all requirements of the Program in the outlined time frame. I fully understand the information, have had an opportunity to have any questions answered and hereby agree to abide by the information concerning Physician Assistant Program policies and University rules and regulations as set forth in the University Graduate Catalog and Student Handbook (<http://www.pace.edu/student-handbook/>).

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**Grade Point Progression Standards for the
Pace University-Lenox Hill Hospital Physician Assistant Program**

Progression and continuance in the Pace University-Lenox Hill Hospital Physician Assistant Program is not only based upon scholastic achievement. It is also, necessary for students to adhere to the Academic Appeals Committee. Please refer to the Standards of Professional Conduct and Academic Standards. Students are required to adhere to the Standards of Professional Conduct and Academic Standards.

Integrity Compliance Policy, Probation, Dismissal and Appeals sections of this handbook for further information.

Student Name (PRINT)

Student Signature

Date