

Dear Student,

It is very important that you be familiar with the information contained within this *Department of Nutritional Sciences Graduate Student Handbook*, the *OUHSC Graduate College Bulletin*, and the *College of Allied Health Student Handbook*. Please sign the form below to confirm your knowledge of these three documents. Your signature also confirms your willingness and agreement to abide by the policies contained therein.

Please print and return this entire page, with appropriate signatures, to the Graduate Program Director within two weeks.

Thank you for your cooperation!

Susan B. Sisson, PhD RDN CHES FACSM
Associate Professor
Graduate Program Director and Chair

I have access to the above three documents and am aware of their contents. I agree to abide by the policies set forth in these documents.

Student Signature/Date

Witness Signature/Date