UNIVERSITY OF MIAMI LEONARD M. MILLER SCHOOL OF MEDICINE

MEDICAL STUDENT RIGHTS AND RESPONSIBILITIES HANDBOOK

AFFIRMATION

I hereby affirm that I have been notified of my responsibility to read, understand, and comply with the policies and procedures contained in the UMMSM Medical Student Rights and Responsibilities Handbook which is published on the medical education website under the heading “Important Administrative Documents for Students.” The link to the website is: www.mededu.miami.edu/meded.

______________________________  ________________________________
Signature                        Date

______________________________  ________________________________
Printed Name                     Class

Read, sign and send this completed form to Sheryl Morrison at smorrison@med.miami.edu

*** MD/MPH Student must complete by June 20, 2017
*** MD Students must complete by August 1, 2017