

**WEST VIRGINIA UNIVERSITY
SCHOOL OF PHARMACY**

I hereby acknowledge that I have read the West Virginia University School of Pharmacy Policy on Academic and Professional Standards and the Student Code of Academic and Professional Integrity for the Doctor of Pharmacy Program. I understand and agree to abide by and support the policy and student code. I understand that the maximum penalty for an infraction of the policy or Student Code on Academic and Professional Integrity is dismissal from the School of Pharmacy.

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