

**Delaware Technical & Community College  
Wilmington Campus  
Allied Health/Science Department**

**As a Second year program student, I acknowledge that I have been given Blackboard access to the 2007-2008 Allied Health/Science Department Policy Manual.**

**I understand that this document has been updated since I received my First year manual.**

**By signing below, I acknowledge that I have read and understand the contents of the 2007-2008 Allied Health/Science Department Policy Manual.**

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**(Print Name)**

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**(Signature)**

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**(ID Number)**

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**(Date)**

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**(Technology)**

**\_\_\_\_\_ I do not understand all the information provided and would like to schedule a follow-up appointment for further explanation.**