



**I have reviewed the Pace University Lenox Hill Hospital Physician Assistant Student Program Policy and Procedure 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 procedures contained within these documents, specifically the progression standards, as listed below. Additionally, I agree to abide by the University rules and regulations as set forth in the University**