



MODESTO JUNIOR COLLEGE
MEDICAL ASSISTING PROGRAM
STUDENT HANDBOOK

SIGNATURE PAGE

I, _____, have read the Modesto Junior College Medical Assisting Program **Student Handbook**. I understand the policies, procedures, conditions, and behaviors that are expected of me as outlined in the handbook and agree to abide by all of them. I will use the handbook as a reference in the future to seek clarification about policy or procedure as needed. I understand that failure to observe the Medical Assisting Program's policies in both practicum and academic components may jeopardize my ability to be successful in the program.

Last Name

First Name

Signature

Semester: _____

Year: _____

Date: _____