

**SECTION VII: APPENDICES**

**APPENDIX A**

**RECEIPT OF THE LMU-KNOXVILLE PHYSICIAN ASSISTANT PROGRAM  
STUDENT CATALOG**

I, \_\_\_\_\_, attended orientation for the LMU-Knoxville Physician Assistant (PA) Program on \_\_\_\_\_ and was advised of LMU and PA Program academic policies, procedures, and regulations.

I hereby acknowledge that I have received a copy of the Student Catalog and that I am able to access a copy of the Student Catalog online. I further acknowledge that I am responsible for all the information contained within this catalog and that I will abide by the academic policies, procedures, and regulations set forth in this document, or subsequent versions.

I have been provided with an opportunity to ask questions regarding the contents of the Student Catalog and should I have any further questions regarding the stated academic policies, procedures, and/or regulations, I understand that it is my responsibility to ask Program faculty for clarification. I understand that the Program will notify all students, via LMU-issued student email accounts, of any revisions and subsequent versions of the Student Catalog and that such revisions and subsequent versions will be posted on the Program's online learning management system. I understand that failure to comply with the academic policies, procedures, and regulations set forth in this catalog, or subsequent versions, may result in disciplinary action, suspension, or dismissal from the LMU-Knoxville PA Program.

\_\_\_\_\_  
Student Name (print legibly)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date