

I have reviewed the Iowa Specialty Hospitals & Clinics Student Orientation PowerPoint. I understand it is my responsibility to follow all information as outlined and if I have any questions regarding any of the material, I understand that I should contact the Human Resources Department for clarification.

I understand this agreement is not intended to create a contract and that my student experience is at- will. In addition to the student guidelines as outlined in the Student Orientation, I am also responsible for following any school policies related to my student experience.

Student		
Date		