



College of Pharmacy
Office for Student Affairs

UNDERSTANDING OF ACADEMIC AND CONDUCT STANDARDS AGREEMENT

I, the undersigned, hereby affirm that I have read and understand the provisions and stipulations of the Academic and Conduct Standards of the University of Florida College of Pharmacy. I will adhere to these standards while I am enrolled in the College of Pharmacy.

Name (print clearly): _____

UF-ID: _____

Signature: _____

Date: _____

Return in the included envelope to:
Office for Student Affairs
College of Pharmacy
Attn: Conditional Admissions
P.O. Box 100495
Gainesville, FL 32610-0495