

WISCONSIN INDIANHEAD TECHNICAL COLLEGE  
ALLIED HEALTH PROGRAMS  
ACADEMIC YEAR 2019-20

**ALLIED HEALTH/PROGRAM HANDBOOK**

I, \_\_\_\_\_, have read the printed/electronic copy of the WITC Allied Health/Program Student Handbook available in print/on the program web page. I have read, asked questions, and understand the guidelines set forth in these papers. I agree to abide by the guidelines defined by the Allied Health/Program as well as WITC school policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_