

WISCONSIN INDIANHEAD TECHNICAL COLLEGE  
DENTAL ASSISTANT  
ACADEMIC YEAR 2018-19

## STUDENT RULES AND REGULATIONS

I, \_\_\_\_\_, have read the printed/electronic copy of the WITC Dental Assistant 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 Dental Assistant program as well as WITC school policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_