



*Your first step to a NEW career!*

## ACKNOWLEDGMENT

The undersigned Student acknowledges that he or she has received and reviewed a copy of the NC Dental U Student Handbook (the "Handbook") and understands the policies, practices and regulations set forth therein and agrees to abide by the same. The Student further acknowledges that all Student policies provided are at the sole option and discretion of NC Dental U and are not contractual. All Student benefits and policies are subject to change, addition or cancellation as NC Dental U may, in its sole discretion, determine from time to time. The Student acknowledges responsibility for complying with future changes in policies, regulations and practices communicated to him or her from time to time.

The Student acknowledges the confidentiality of private and proprietary information the Student may learn concerning the programs offered by NC Dental U. The Student understands that all information concerning the programs, including business and financial operations, policies and practices, shall be held as private and confidential and shall not be used for any manner outside of the program or disclosed to any persons or entities outside of the program except in strict accordance with the terms of the Handbook.

Printed Name of Student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_