I hereby affirm that I have been notified of my responsibility to read, understand, and comply with the policies and procedures contained in the UMMSM Medical Student Rights and Responsibilities Handbook which is published on the medical education website under the heading “Important Administrative Documents for Students.” The link to the website is: www.mededu.miami.edu/meded.

Name (Print): __________________________
Signature: ____________________________
ID Number: ____________________________
Date: ____________________________

This form must be returned to:

Office of the Registrar
University of Miami Miller School of Medicine
P.O. Box 016960 (R128) RMSB Room 2100
Miami, FL 33101
Phone (305) 243-2004 Fax (305) 243-1241

or

UMMSM at FAU
Office of Student Affairs, Room 145
777 Glades Road / BC 71
Boca Raton, FL 33431
Phone (561) 297-1010 Fax (561) 297-4011