



GARDNER-WEBB UNIVERSITY

PHYSICIAN ASSISTANT STUDIES

PA STUDENT HANDBOOK AND THE PROGRAM TECHNICAL STANDARDS ACKNOWLEDGEMENT

Physician Assistant Student _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

E-Mail _____

I acknowledge that I have received and understand the PA Student Handbook and Policy Manual and agree to adhere to all policies, procedures, and requirements as set forth within the preceding document. I further acknowledge that I have read the Program Technical Standards and I hereby declare that I possess the abilities outlined in the standards as stated in the preceding document.

Signature _____

Date _____