



*Medical Student Handbook
2024-2025
Acknowledgement Form*

I _____ (name) have been provided with access to the UCR School of Medicine Medical Student Handbook (the “Handbook”) and policies related to my time at the University of California, Riverside School of Medicine; and I understand that as a member of the student body I am required to abide by the Handbook and all policies and standards of conduct outlined within those documents/items.

I understand that I am responsible for reading and complying with the Handbook, policies, general guidelines, and standards of conduct and ethics (and all updates to such items).

I acknowledge that I am aware of that the Handbook contains information on the following (not an exhaustive list):

1. [UCR School of Medicine Diversity Statement](#)
2. [Disability Disclosure Statement](#)
3. [UCR School of Medicine Honor Code](#)
4. [Statement on Supporting an Abuse Free Academic Community](#)
5. [Professionalism Committees](#)
6. [Student Maltreatment and Grievance](#)
7. [Student Fatigue Mitigation](#)
8. [Technical, Non-Academic Standards](#)
9. [Health Clearance Requirements](#)
10. [Policy on Drugs, Alcohol and Student Impairment](#)
11. [Requirement for Patient Care Activities Outside Prescribed Curriculum](#)
12. [Medical Treatment to Students by UCR SOM Faculty](#)
13. [Occupational Exposure/Needle Stick Policy](#)
14. [Video Conference for Student Camera Use Policy](#)
15. [Dress Code Policy](#)
16. [Student Grade Review and Appeal Process](#)
17. [Planned, Emergency, Unexcused and Extend Absences](#)

I also acknowledge that I have access to the policies related to my time at the University of California, Riverside School of Medicine and those policies can be accessed at the below links:

1. <https://medschoolcompliance.ucr.edu/policies-procedures>
2. <https://somsa.ucr.edu/som-handbook>
3. <https://elearn.ucr.edu/courses/7747/wiki>

I understand that the UCR School of Medicine reserves the right to make changes to the Handbook and any of its policies at any time, unilaterally and without prior notice. I understand that UCR SOM reserves the right to change, when warranted, any of the provisions of the handbook, policies, academic schedules, calendars, programs, courses, or fees as might be required.

I understand that notification of changes or updates to the Handbook and policies may be disseminated via official school email. I acknowledge that I am expected to stay up-to-date and abide by any associated expectations or changes contained in Handbook and policy updates; regardless if notice has been given or received.

Supplements may be issued to the Handbook and/or policies as deemed necessary by the UCR School of Medicine. The Handbook and/or policies are neither a contract nor an offer of a contract.

Student Name: _____

Student Signature: _____

Date: _____