



## **Attendance Acknowledgment Form**

I, \_\_\_\_\_, hereby acknowledge that I understand the attendance policy for the Crossroads AHEC Pre-health Summer Program, and I agree to abide by the following terms and conditions:

I understand that I can only miss a maximum of 12 hours with prior notice throughout the program, which spans 112 hours. Any additional absences may result in consequences outlined by the program.

I agree to clock in and clock out every day I attend the program. I understand that I will only be compensated for the time I am physically present and actively participating in the program.

I acknowledge that failure to adhere to the attendance policy may result in forfeiture of my certificate of completion. In such cases, I will receive a certificate of participation instead. Please note that a certificate of participation does not grant me extra consideration in SLCC health science programs.

I understand that three (3) instances of a "no call, no show" will lead to termination from the program.

By signing below, I confirm that I have read, understood, and agree to comply with the attendance policy outlined above.

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

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