



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

Student Acknowledgement Form

Clinical Placement Graduate Medicine

I, _____,
of _____

acknowledge and confirm that:

1. I have read and understand the Code of Practice – Student Professional Experience, noting in particular my responsibilities under the Code as a student undertaking a student professional experience.
2. I have read and understand the GM Phase 1 Handbook and Subject outline.

(Signature)

Date