



DPM STUDENT AGREEMENT FORM

I have read and understand the 2014 DPM Graduate Student Handbook. I have read and understand the 2014 University of Florida Graduate Student Handbook. I understand the Honor Code of the University of Florida <http://web.uflib.ufl.edu/msl/07b/studenthonorcode.html>. DPM students are expected to maintain the ethical standards of the University of Florida. I understand that my actions as a DPM student are representative of the DPM Program, a reflection on my professionalism as student, and will lead to my future career as a Plant Doctor. I have also reviewed and understand the following:

1. Guidelines for DPM Program Dismissal
2. Curriculum Goals
3. Deadlines for Student Committee Formation
4. Program of Student Requirement

I understand that the DPM Program Director must provide approval of my supervisory committee and program of study. I will seek the guidance of my supervisor committee and the DPM Director (as needed) regarding Program of Study questions. I will meet with my supervisory committee routinely, and at least twice a year, for my professional development.

Printed name

Signature