Wharton County Junior College

Acknowledgment of Receipt of Student Syllabus

Date	Fall ☐ Spring ☐ Summer 1 ☐ Summer 2 ☐
Instructor	CRN, Course Rubric, Number, Name

I acknowledge that I have access to a copy of the student syllabus. The contents of the student syllabus have been explained and/or read to me. I understand the requirements concerning textbook(s) required, assignments, testing, and how my grade will be determined. The instructor's office hours and telephone number were given as well as the last date to drop with a "W" for the course.

Additionally, students are NOT authorized to make video or audio recordings of any kind without expressed permission from the instructor. Authorized recordings are intended for instructional purposes only and may not be shared with others.

Please sign below:	**Please print name below**:

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