

Syllabus Acknowledgement Form

Date: Summer 2008 Semester
To: Chester R. Cooper, Jr., Ph.D., Course Instructor, BIOL 4849
Subject: Acknowledgement of Syllabus and Policies for BIOL 4849

By affixing my signature to this memorandum, I hereby acknowledge that I have accessed and read each of the links/documents on the BIOL 4849 web page located at the following URL:

<http://www.as.ysu.edu/~crcooper/medical-mycology.html>

In addition, by affixing my signature below I agree with the following statements:

- ◆ I fully understand the policies set forth in this syllabus.
- ◆ I acknowledge and understand that my failure to abide by these policies may have significant academic consequences for which I am solely responsible.
- ◆ I acknowledge and agree that the lecture content described by this syllabus can be changed at the discretion of the course instructor in order to meet the course objectives.
- ◆ My signature does not in any manner signify the waiver of any rights granted to me by the policies, rules, and regulations of Youngstown State University.

Student Signature: _____

Student Name (printed): _____

Patron Identification Number: _____