

## Master of Clinical Science Pathologists' Assistant Program

## Policies & Procedures for Service Work

## Signature Page

I have read and understand the attached <i>M</i> Program, Policies and Procedures for Service	aster of Clinical Science, Pathologists' Assistan e Work.
Signature	Date
Name – please print	

Please return to the Graduate Program Administrator, Pathology and Laboratory Medicine, Dental Sciences Building, room 4044 – pathgrad@uwo.ca

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