

Program Policy Agreement

Nutrition & Dietary Management Program



Life. Changing.

1. Receipt of Indian Hills Community College Nutrition & Dietary Management Program Student Handbook

I understand I am responsible to read the Nutrition & Dietary Management Program Student Handbook completely and will be held accountable for complying with all policies and procedures of the Nutrition & Dietary Management Program. It is my responsibility to ask for clarification from the Program Director regarding any policy or procedure I do not understand. I will read new policies or procedures that are issued by the program. I understand that I am also responsible to read and comply with the general student policies of IHCC.

2. Responsibility for Conduct and Actions as a Nutrition & Dietary Management Student

I understand that having been admitted to the IHCC Nutrition & Dietary Management Program, I am held responsible for my conduct and actions as a Nutrition & Dietary Management student. I understand that breach of IHCC or the Nutrition & Dietary Management Program policies or the Nutrition & Dietary Management code of ethics may result in consultation, and perhaps probation, suspension or dismissal depending on the nature of my actions. I understand that client safety, privacy and dignity are of the highest priority in Nutrition & Dietary Management.

3. Titles VI and XII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972

I understand that IHCC complies with Titles VI and XII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and other federal laws and regulations; and does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to admissions, employment, financial aid and educational services. I understand I may follow the grievance procedure guidelines described in this handbook if I wish to file a complaint.

4. Medical Treatment

I understand I am responsible for payment for any medical treatment that may be necessary and is not covered under the provisions of the Iowa Code.

5. Computer User Agreement

As a condition of using the IHCC computer equipment, I agree not to use the equipment to duplicate copyrighted software in violation of its end user's license agreement, whether it is my personal copy or is owned by IHCC. I assume liability for any copyright infringements caused by me.

Name: _____

Signature: _____ Date: _____