

NOVA SOUTHEASTERN UNIVERSITY
COLLEGE OF PHARMACY

ACKNOWLEDGMENT

I HEREBY acknowledge that all of my lectures and classroom discussions will be video and audio taped as part of the program's instructional process. I HEREBY waive any claims to privacy as a result of the video and audio taping. This notification is for courtesy purposes only, as all students are notified prior to their enrollment that method of teaching is by video and audio taping of all program activities.

STUDENT'S SIGNATURE

INSTRUCTOR SIGNATURE