



**ACKNOWLEDGEMENT OF REVIEW/RECEIPT
Professional Dispositions Assessment**

By signing below, you, as a student in the University of Michigan-Flint's Department of Education, acknowledge receiving and reviewing the Professional Dispositions Assessment, including the Policy on Violations of Professional Dispositions, on the date listed below. This acknowledgement form will be kept on-file in the Department of Education's Office.

Student Signature: _____

Student First & Last Name (please print): _____

Student UMID #: _____

Date: _____

FOR OFFICE USE:

Course ID _____ Number _____ Section _____

Semester/Year _____

Faculty/Lecturer Name _____