

WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE

WVU Medical Student Pager Contract

2017-2018



I hereby acknowledge my receipt from the West Virginia University School of Medicine – Department of Medical Education, Student Services – of one electronic pager for my professional use while completing clinical rotations at the West Virginia University School of Medicine, Morgantown campus.

I recognize that this pager remains the property of West Virginia University School of Medicine and that I must return it to the Office of Student Services (Morgantown campus) prior to my graduation.

I understand that I will be responsible for a replacement cost in the sum of \$100.00 (payable by check or money order) in the event that the pager is lost or damaged beyond repair, and that my transcript and diploma will be restricted until the replacement cost is submitted to the Office of Student Services.

_____ May 2018 _____
Anticipated graduation date

Student Name (printed)

Student Signature

Date