

Program Policy Agreement Statements

(Please initial each item to verify your acknowledgment.)

_____ I will abide by the **Policies and Guidelines** as set forth in the Graduate Student Handbook, the Supervisor's Handbook, specified Affiliation Agreements, the ENMU Graduate Catalog, the ENMU CDIS Program Code of Conduct, and the ASHA Code of Ethics during my matriculation as a student at ENMU.

_____ I will comply with the ENMU CDIS Graduate **Program's Policy on Academic Integrity and Dishonesty**. I understand that failure to apply by the Policy may result in failure of an assignment, failure of a course, suspension or expulsion from the ENMU CDIS Program, or suspension/expulsion from Eastern New Mexico University.

_____ I will comply with the **Program Policy on Students and Professionals Who Speak English with Accents and Nonstandard Dialect** as listed at <https://my.enmu.edu/web/cdis/professional-functions-for-slps> .

_____ I am able to complete **Professional Functions for Speech-Language Pathologists** as listed at <https://my.enmu.edu/web/cdis/professional-functions-for-slps> . I understand that I may make arrangements for reasonable accommodations, but that I must be able to complete the professional functions as described in order to matriculate in the ENMU CDIS Program. I further understand that each practicum site will vary in their determination of reasonable accommodations based on the nature of their practice and their clients served, and that all sites may not be able to accommodate my needs.

_____ I will comply with the ENMU Policy on accommodating students with disabilities. I understand that, if I have, or believe I have a disability, I may contact the Disability Services Office (DSO) to coordinate **reasonable** classroom accommodations, access to technology, or other academic assistance. I understand that all information will be treated confidentially. I understand that accommodations cannot be provided retroactively.

Signature _____ Date _____

Print Name _____

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_____ I will comply with the ENMU CDIS Program's **mandatory attendance** policy for:

- **Annual Student Meeting:** The graduate program reserves the right to require attendance at an annual Graduate Student Information Meeting **each year on campus**. I understand that, if I am required to attend a Graduate Student Information Meeting on campus and do NOT attend, I will NOT be permitted to enroll in CDIS courses until I attend the meeting in a subsequent semester. This may require reapplication and readmission to the program.
- **Synchronous attendance for all distance education classes:** I understand that **distance education courses must be attended synchronously** and that I must be logged on to Blackboard, Mediasite, and Skype or Zoom or Collaborate to participate in "live" classes at the time the course is offered on campus (MST). I understand that attendance at a practicum or inservice event cannot excuse a class absence.
- **On Campus Practicum Requirements:**
 - I understand that I must complete a clinical practicum with an ENMU faculty supervisor at during my first 16 week semester of enrollment after admission.
 - I understand that this practicum **requires a minimum of 2 half days per week on campus/at an ENMU clinical site, as well as attendance at a mandatory student clinician meeting on campus each week.**
 - I understand that I must accomplish all first semester practicum outcomes (CDIS 501) on campus before being released to complete any off campus practicum experiences.
 - I understand that **additional semesters on campus may be required if I begin the program lacking pre-requisite courses and if all my CDIS 501 outcomes are not met by the end of the semester.**
 - I understand that **on campus evaluations** are required and that **I may be called back to campus to complete evaluations** if my progress in evaluations mastery is not satisfactory.
 - I understand that I may only complete practicum off-campus with the approval of the Clinical Director.
 - I understand that this permission may be revoked following any unfavorable off-campus student practicum rating.

Signature _____ Date _____

Print Name _____

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_____ I will comply with the **ENMU Computer Use Policy**. I understand that the ENMU network and computer systems are the property of Eastern New Mexico University and may be accessed only by authorized users. **I understand that I may not give my username and password to anyone.** Unauthorized use of the network or computer systems is strictly prohibited and may be subject to criminal prosecution. I understand that the University may monitor any activity or communication on the system and retrieve any information stored within the system. I understand that, by accessing and using the network and University owned computer systems (including the ENMU Lea Hall CDIS Clean Lab), **I am consenting to such monitoring and information retrieval** for law enforcement and other purposes. **I understand that I should have no expectation of privacy** for any communication on the network, any ENMU computer or server, or for any information stored within the systems, including information stored locally on the hard drive or other media (e.g., flash drives, PDAs, or other hand-held peripherals, CD-ROMs, etc.). **I understand that use of the ENMU network or computer systems by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, reading, copying, or capturing and disclosure.**

Signature _____ Date _____

Print Name _____