

Starkey University

2024 Attendance Form

Upon registration to attend the Starkey University Workshop, I understand I am personally responsible for the following:

- Attending training sessions
- Receiving all necessary clearance to attend from my academic program and clinical placement sites
- Being in good academic standing and confirmed as a full-time student in an accredited doctoral audiology program

NOTE: Please do not schedule your travel arrangements until you are sure you are able to attend. Cancellations and changes to travel plans will result in airfare fees to be covered by the attendee.

ACKNOWLEDGMENT STATEMENT

I acknowledge that I have read and understand the attendance guidelines and will comply with them. I understand that cancellation after flights have been booked will result in cancellation fees.

Student Name (print): _____

Student Signature: _____

University: _____

I, _____, acknowledge that this student is currently in good academic standing and has received permission from his/her academic program to attend the 2024 Starkey University Workshop.			
FACULTY SIGN →	X Signature	Date	FACULTY NAME → Print
Phone Number: _____			

Please return this completed form to kathryn_weems@starkey.com:

Starkey University
Attn: Education Department
6425 Flying Cloud Drive
Eden Prairie, MN 55344
EMAIL: starkeyuniversity@starkey.com

