



## CODE OF CONDUCT STUDENT DECLARATION

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I have read and understand the following:

- [Deakin University Student Code of Conduct](#)
- Deakin Optometry Student Code of Conduct
- Deakin School of Medicine **Bachelor of Vision Science / Master of Optometry** [Inherent Requirements](#)
- [Deakin University placement procedure](#)
- [‘Code of Conduct for Optometrists’](#)
- All relevant clinical placement rules and responsibilities at a course level.

I agree to adhere to these codes and requirements throughout the course, including any revised versions.

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|-----------------------------|------|
| Full Name                   |      |
| Student ID                  |      |
| Year of Course Commencement | 2026 |
| Signature                   |      |
| Date                        |      |