

Due Date _____

Name _____

I.D.# _____

PARENTAL CONSENT FORM
UNIVERSITY OF NOTRE DAME
INTERNATIONAL STUDY PROGRAMS

(Please type or print)

PROGRAM _____ Academic Year _____ Fall Semester _____
Spring Semester _____

NAME OF STUDENT _____

CAMPUS ADDRESS _____ CAMPUS TELEPHONE _____

DATE OF BIRTH _____

PLACE OF BIRTH _____
(City) (State)

NAME OF PARENT OR GUARDIAN _____

I confirm that I consent to my child's participation in the international program to which he/she has applied, if accepted.

DATE _____ PARENT'S SIGNATURE _____

PARENT'S NAME (printed) _____

Please return this form to:

International Study Programs
152 Hurley Hall
University of Notre Dame
Notre Dame, Indiana 46556
T: 574-631-5882
F: 574-631-5711