

Due Date _____

Name _____

ND ID# _____

PARENTAL CONSENT FORM
UNIVERSITY OF NOTRE DAME
OFFICE OF INTERNATIONAL STUDIES

(Please type or print)

PROGRAM _____ Academic Year _____ Fall Semester _____

Spring Semester _____ Summer _____

NAME OF STUDENT _____

CAMPUS ADDRESS _____ CAMPUS TELEPHONE _____

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:

Office of International Studies

ISP PROGRAMS: 152 Hurley (fax: 574-631-5711)

Puebla and Monterrey Programs: 153 Hurley (fax: 574-631-3978)

Cairo Program: 153 Hurley (fax: 574-631-3978)

London/Oxford Programs: 153 Hurley (fax: 574-631-3978)

Summer Programs: 153 Hurley (fax: 574-631-3978)

London Summer Program: 305 Brownson (fax: 574-631-6744)