

PARENTAL CONSENT FORM
UNIVERSITY OF NOTRE DAME
OFFICE OF INTERNATIONAL STUDIES

This form must be turned in to the OIS office no later than the application deadline date.

(Please Print)

NAME OF STUDENT _____ ND ID# _____

CAMPUS ADDRESS _____ CELL PHONE # _____

PROGRAM LOCATION (Please specify Program City and Country): 1. _____

2. _____ 3. _____

4. _____ 5. _____

TERM: Check (✓) all terms for which you approve participation

Academic Year 2012-2013 _____ Fall Semester 2012 _____ Spring Semester 2013 _____ Summer 2012 _____

CONSENT:

I confirm that I consent to my child's participation in the off-campus program(s) 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
105 Main Building
Notre Dame, IN 46556
Fax: (574) 631-5711
Email: ois@nd.edu