PARENTAL CONSENT FORM
UNIVERSITY OF NOTRE DAME
NDI-INTERNATIONAL STUDIES

This form must be turned in to the NDI-International Studies 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 2014-2015 ____  Fall Semester 2014____  Spring Semester 2015____  Summer 2014____

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:  NDI-International Studies
105 Main Building
Notre Dame, IN 46556
Fax: (574) 631-5711
Email: ndi-is@nd.edu

8/2013