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 2013-2014 ____  Fall Semester 2013____  Spring Semester 2014____  Summer 2013___

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