# Parental Consent Form

University of Notre Dame

Institute for Scholarship in the Liberal Arts

**This form must be turned in to the ISLA office before your proposal may be reviewed.**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ND ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Destination (Specify all cities and countries): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TERM:

\_\_\_\_ Academic Year 2017-2018:\_\_\_\_ Fall Semester 2017: \_\_\_\_ Spring Semester 2018:\_\_\_\_ Summer 2018:\_\_\_\_

**I confirm that I consent to my child’s participation in independent, international, off-campus travel to the destination above if he/she is awarded a grant.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Parent’s Signature: |  |
|  |  |  |  |
|  |  | Parent’s Name (printed): |  |

Please return this form to: Institute for Scholarship in the Liberal Arts
245 O’Shaughnessy Hall
Notre Dame, IN 46556
Fax: (574) 631-9168 - ATTN: Therese Email: tblacket@nd.edu