# Parental Consent Form

University of Notre Dame

Institute for Scholarship in the Liberal Arts

**This form must be submitted to the ISLA office before your proposal will be reviewed.**

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

NDID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

TERM:

\_\_\_\_ Academic Year 2018-2019:\_\_\_\_ Fall Semester 2018: \_\_\_\_ Spring Semester 2019:\_\_\_\_ Summer 2019:\_\_\_\_

**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) 631-0892 - ATTN: Therese Email: tblacket@nd.edu