**PARENT’S CONSENT FOR INTERNATIONAL STUDENT MOBILITY**

To Whom It May Concern:

This is to certify that I am permitting my son/daughter, <<full name of your son/daughter>>, of legal age and residing at **<<**your home address**>>** to have an international mobility programme experience (internship / academic immersion / exchange programme / study visit / skills enhancement) at the **<<full name of receiving institution>>, <<country>>** from <<DD MM YYYY>> to <<DD MM YYYY>>.

My son/daughter voluntarily submits himself/herself to undertake the programme for a period of one (1) month/days. He/She shall report back to the **<<full name of sending institution>>** *(home university)* after the specified period.

I believe that the international mobility programme will develop my son’s/daughter’s ability to apply pertinent knowledge in the practice of his/her academic field in an effective and professional manner and further enhance his/her professional growth through technology transfer.

Expectedly, he/she should strictly observe the rules and regulations of the institution where the programme is to be conducted and to observe all other restrictions that may be implemented by his/her supervisor/mentor in relation to the same.

I shall not hold **<<full name of receiving institution>>** liable and I hereby agree to waive any responsibility should any untoward incident happen to my son/daughter as a result of utter disregard of instructions given by proper authorities and/or beyond their control.

I have likewise read the Internship Waiver Form signed by my son/daughter and is fully agreeable with all the things stated thereon.

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(Parent’s Name and Signature)

**Attested:**

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| **Name and Signature** | **Designation** | **Date** |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Director*  *Office of International Affairs* |  |
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