



## Parental Agreement Form

### Personal information of participating student

Full name of student \_\_\_\_\_

Date and place of birth / nationality \_\_\_\_\_

Any related medical condition \_\_\_\_\_

Level of English language \_\_\_\_\_

Desired programme of study at university \_\_\_\_\_

### Contact information and parental consent of parent / legal guardian

Your son / daughter has agreed to take part in the Yaşar University Familiarisation Programme in Turkey on 31 July- 05 August 2017. By signing the below, you give your consent to let your child participate in this programme and the related activities. Full contact details will be sent shortly.

Full name \_\_\_\_\_

Address \_\_\_\_\_

Phone number - Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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