

ITHACA

Summer College for High School Students

PARENTAL APPROVAL FORM

Applicant's name _____

Name(s) of parent(s) or guardian(s)

I approve of this application. I have informed my son/daughter that he/she will be required to follow all rules set by Ithaca College and the summer college staff. These rules include, but are not limited to, a nightly curfew and no use of any drug unless prescribed by a medical doctor (this includes alcohol). The program reserves the right to dismiss students who violate these rules.

I understand that my son/daughter will be residing in a residence hall and eating in a dining hall. Lost keys or ID cards, as well as damages incurred by students during the summer program are charged to the student. Furthermore, I understand that while students who withdraw from the program on or before June 1, 2012, will be eligible for a full refund (less the application fee), students who withdraw after June 1, 2012 will be eligible only for a partial refund, regardless of the reason for withdrawal. I hereby consent to and authorize the use and reproduction by Ithaca College, or anyone authorized by Ithaca College, of any and all photographs that have been taken of my son/daughter during the Summer College for High School Students for any purpose, without compensation to me. All negatives and positives, together with the prints, remain the property of the College.

I give my son/daughter permission to take part in field trips and other activities as scheduled by the summer college staff and the Ithaca College faculty and staff.

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

Please return by mail to:

Ithaca College
Division of Graduate and Professional Studies
953 Danby Road
Ithaca, NY 14850-7000

Or by fax to: 866-924-6272 or

Or by email as a scanned pdf to: summercollege@ithaca.edu

Please contact us with questions at 607-274-3143 or summercollege@ithaca.edu.