

**Parent/Guardian Consent Form**  
**Summer Science Internship program**

Adult Career and Special Student Services requires that individuals under the age of eighteen have the signed consent of their parent or guardian to take University of Wisconsin-Madison courses.

Please read and complete this form if you wish to give your consent:

I am aware that the student named below has applied to the University of Wisconsin-Madison as a University Special student and has my permission to enroll.

Student's name: \_\_\_\_\_

Parent/Guardian name (please print): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:

Adult Career and Special Student Services  
21 N Park St, Ste. 7101, Madison, WI 53715  
Fax: 608-265-2901  
Email: [advising@dcs.wisc.edu](mailto:advising@dcs.wisc.edu)