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