

ACCEPTANCE FORM ONLINE SESSION

PARENTAL CONSENT

I, the undersigned: Mr. Ms.	
First name:	Last name:
Date of birth (DD/MM/YYYY): / / Country of	of birth:
Address:	
City:	Postal code:
Country:	

Acting in my capacity as parent, legal guardian or other authorized person with custody rights, or parental authority over the student, hereby certify that:

- - programme).
- **REGISTRATION PROCESS**: I acknowledge that I have read and that I agree to the terms and conditions of the registration process, regarding the reservation of a spot in the programme, payment of fees and finalizing registration.
- **PROGRAMME REGULATIONS:** I acknowledge that I have read the <u>academic rules and regulations</u> for the programme, regarding academic rules and general behaviour in an online learning environment. I have discussed them with the student when necessary, and I agree that the student should be held accountable in compliance with these standards.

Parent/Guardian's full name:	
Place and date:	

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Parent/Guardian's Signature	i
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STUDENT CONSENT

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 <u>PROGRAMME REGULATIONS</u>: I have read, understood and I agree to abide by the academic rules and regulations for the programme, regarding academic rules and general behaviour in an online learning environment.

Student's full name:	Student's Signature	1
ences Po - 27 rue Saint-Guillaume 75007 Paris France		
33 (0)1 45 49 50 50 http://www.sciencespo.fr/summer		



Place and date: