International Office
Foundation University Islamabad (FUI)
DHA Defence Avenue, Phase I, 44000,
Islamabad, Pakistan

Parental/Guardian Consent for Student Exchange Program

I, _____, parent/guardian of _____, who is a student of _____, _____Semester at Foundation University Islamabad, hereby give my full consent for my child/ward to participate in the Fall/Spring_____, Bilateral Student Exchange Program at_____, _____.

I acknowledge that I have been informed about the program details, selection criteria, and expected responsibilities of my child/ward. I understand the potential academic, cultural, and travel-related challenges and affirm that my child/ward is physically and emotionally prepared for this opportunity.

I also confirm that:

a. I take full responsibility for any travel, visa, health, and personal expenses not covered by the exchange program. Furthermore, I understand that the student will be required to submit his/her regular semester fee at Foundation University Islamabad (FUI) for the duration of the exchange period.
b. I understand that my child/ward must adhere to the rules and regulations of both FUI and the host university.
c. In case of any emergency, I will remain accessible and cooperative with FUI and the relevant authorities.
d. I authorize FUI and the host university to take necessary actions in the best interest of my child/ward in case of unforeseen circumstances.
e. I hereby declare that I have provided this consent voluntarily and with full understanding of the program requirements.
f. I understand and ensure that my child/ward will complete the exchange semester in its entirety and will not return to Pakistan before the official end of the program under any circumstances, except in the case of a critical emergency, and with prior approval from both the host university and FUI.

Parent/Guardian's Name: _____ Signature: _____

CNIC/Passport No: _____ Email Address: _____

Relationship with Student: _____ Contact Number: _____