# MYONGJI UNIVERSITY EXCHANGE STUDENT
# GUARDIAN (PARENTAL) CONSENT FORM

## A. Student Information

| | | | |
|---|---|---|---|
| **Full Name** | *EXACTLY as shown on passport* | | |
| **Gender** | Male / Female | **Nationality** | |
| **Birthday (YYYY/MM/DD)** | / / | **Mobile Phone No.** | + |

## B. Guardian (Parent) Information (may include non-family member)

| | | | |
|---|---|---|---|
| **Full Name** | | | |
| **Home Address** | | | |
| **E-mail Address** | | | |
| **Relationship** | | **Mobile Phone No.** | + |

I (full name of the guardian/parent) _____,

parent/guardian of (student name) _____ , give my consent for the student's participation in the international exchange program at Myongji University during the period selected on the application form with good understanding of the cost that may incur during the student's exchange program period.

Guardian's (Parent's) Signature:

Date (YYYY/MM/DD):

※ This document may be handwritten.