

COMMITMENT / CONSENT FORM

PARENT/STUDENT COMMITMENT

As a student, I agree that I am committing to all dates of the program, and I will do my best to achieve my best possible work. In addition, I agree to participate in any outside academic inquiry that may be required of the program.

Student Signature: _____ **Date:** _____

As a parent, I agree to support the program and to honor all meeting dates. I give my consent to my child's participation in the program provided by the University of Mississippi's Office of Pre-College Programs and UM Writing Project.

Parent Signature: _____ **Date:** _____

PARENT/STUDENT CONSENT

Do you give permission for your child to be photographed/videotaped for instruction/publicity? Yes No

Do you give permission for your student to take class trips by the University of Mississippi? Yes No

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

IN CASE OF EMERGENCY

Relationship: Father
 Mother
 Other _____

Notify: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Please send completed consent form to:

Mail:
 Office of Pre-College Programs
 Division of Outreach & Continuing Education
 Post Office Box 1848
 University, MS 38677-1848

Fax: (662) 915-1535
Email: precollege@olemiss.edu



THE UNIVERSITY of
MISSISSIPPI
OFFICE OF PRE-COLLEGE PROGRAMS

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