

STUDENT UNDERTAKING: KREA UNIVERSITY POLICY FOR PARENTAL COMMUNICATION

I, _____ (full name of the student), bearing Application ID _____, enrolled in programme _____ hereby acknowledge that I have fully read, understood, and accepted the terms of the University's Parental Communication Policy as outlined below. I undertake to comply with this policy during my period of study at the University.

1. Context and Student Responsibility

I understand that the University is a space for adult learning and independent living. As a student of a higher education institution, I accept full responsibility for managing my academic progress, health, and personal conduct. The University expects students to demonstrate maturity, self-reliance, and independent ownership of their roles and responsibilities. Communication with my parent(s)/guardian(s) will occur only under specific, defined circumstances and is not a substitute for my own responsibility to keep them informed.

2. Medical and Mental Health Emergencies

I understand that the University may contact my parent(s)/guardian(s) in the event of a **medical or mental health emergency**, defined as a situation that poses *a serious and immediate threat to my life, health, or safety*. This includes, but is not limited to, illnesses or conditions that require **hospitalisation** or emergency mental health intervention. I acknowledge that the University is **not obliged** to notify my parent(s)/guardian(s) about **day-to-day or common health issues** such as colds, flu, or minor injuries.

3. Disciplinary Violations and Legal Infractions

I understand that the University will inform my parent(s)/guardian(s) if I am:

- Found in violation of the **University's Code of Conduct** or related policies, and disciplinary consequences are imposed by the University Disciplinary Committee;
- Involved in a violation of **local, state, or national laws**, whether or not the matter is adjudicated by the University, but especially if it results in criminal or legal consequences or police procedures, even if these occur outside campus.

I further agree that I have a responsibility to inform my parent(s)/guardian(s) regarding any disciplinary matters, and I waive any claim against the University related to the timeliness or scope of such communications, except as mandated by this policy.

4. Academic Transcripts and Performance

I understand that the University may share my **academic transcripts** and related information with my parent(s)/guardian(s):

- If I am found to be **not meeting minimum academic standards**, such as being placed on academic probation or facing risk of failure; or
- Upon **written request** from my parent(s)/guardian(s) from their registered email addresses, at the **end of an academic year**.

I also understand that It is my responsibility to inform and engage with my parent(s)/guardian(s) about my academic journey. The University will not provide continuous academic updates or real-time performance information and/or feedback unless required under this policy.

5. Mode of Communication

I understand that all communication with parent(s)/guardian(s) under this policy will take place only through the **registered email address and/or contact numbers** I provided at the time of admission. I acknowledge that it is **my duty to keep these details accurate and updated**, and that the University will not be liable for any lapses resulting from outdated or incorrect contact information.

6. Confidentiality, Consent, and Emergency Communication

Confidentiality & Data Protection

I understand that the University is committed to respecting my **privacy and confidentiality**. Any communication with my parent(s)/guardian(s) will be **strictly limited to the relevant context** (medical, disciplinary, or academic) and will not include any unrelated or sensitive personal information without my **explicit written consent**, unless legally required.

I am assured that personal and sensitive information disclosed to University support services, including matters related to **mental health, gender identity, sexual orientation, trauma, family situations, or similar**, will remain **confidential** and will not be shared with parents or

others without my consent, unless there is a **clear and imminent risk** to my life or safety, especially in cases involving medical emergencies. This confidentiality applies to services such as counselling, student life advising, health support, learning support and other confidential resources.

Each of these University support services functions in accordance with its own **ethical guidelines, operational protocols, and confidentiality policies**, which are designed to protect student privacy while ensuring care and compliance with legal obligations. All disclosures and communications by these units will be made in line with both their internal policies and the overarching principles of this undertaking.

Emergency Contact Hierarchy

I acknowledge that in the case of an emergency, the University will first attempt to reach the **primary emergency contact** listed in my enrollment records. If that person is unavailable, the University may reach out to **alternate contacts in order of priority**. It is my responsibility to ensure that all emergency contact details are **accurate and up to date**.

7. Limitation of University Responsibility

I acknowledge and accept that:

- The University retains full discretion in determining what constitutes an emergency or a matter warranting parental communication.
- The University's actions under this policy will be executed in good faith and within the limits of its administrative capacity, but the University shall **not be held liable** for any adverse consequences arising from its decision either to communicate or not to communicate with my parent(s)/guardian(s) under this policy, save for circumstances as explicitly stated herein.
- It is the joint responsibility of myself and my parent(s)/guardian(s) to remain informed and to take appropriate follow-up actions as needed.

8. Consent and Declaration

By signing below, I confirm that I have read and understood this undertaking. I agree to abide by the responsibilities stated herein and consent to limited communication with my parent(s)/guardian(s) as per the terms outlined.

Student Name: _____

Student ID: _____

Signature of Student: _____

Date: _____

Parent/Guardian Name: _____

Contact Number: _____

Email (registered): _____

Signature of Parent/Guardian (acknowledgement): _____

Date: _____