

## Consent Letter

Whereas I, \_\_\_\_\_ aged about \_\_\_\_\_ years S/D/o \_\_\_\_\_ r/o \_\_\_\_\_ in the capacity of \_\_\_\_\_ (Father/Mother/Guardian) of \_\_\_\_\_ studying in the programme Name \_\_\_\_\_ in the Lovely Professional University give my consent on the following :

1. I understand details of the program fully including the cost associated with this, content of the courses taught at foreign university, risk associated, and all other details associated with the program, university/college, degree system and country visa/legal system.
2. I hereby confirm that I will bear all the foreseen and unforeseen cost associated with the program including but not limited to airfare, medical/life insurance, accommodation, meal, visa charges, application charges (if any), tuition fee (if any) of the partner foreign University and any other kind of expense done by my ward while studying overseas.
3. At the time of visa application, I will provide the proof of financial documents as asked by the embassy for the visa application purpose.
4. Any expense relating visa application like travelling or service charges would be borne by me, and I understand that no duty leave, or reimbursement of expenses would be provided to my ward for these kinds of activities by LPU.
5. I understand that getting accepted for this program does not guarantee the visa or being accepted by the university. LPU or the partner university has all right to cancel the opportunity provided to my ward at any time and in such cases no refund or reimbursement of expenses would be made.
6. I also understand that it is my and my ward responsibility to get all the required information from the university where my ward is going for this semester abroad program and LPU will not be liable to provide for any additional information.
7. I also understand that before my wards leave for this program, I must provide the indemnity bond or must sign other agreements as needed by the university under rules and regulation of the university.
8. I also understand that once I have given my consent for the program and the partner university accepts the candidature then my ward cannot back out of this program and LPU can impose the penalty (the whole tuition fee of the Partner University for that semester which can be up to 5 lakh INR) or can initiate the disciplinary action against my ward if he/she later backs out of the program.
9. I also confirm and take responsibility that after the completion of the program my ward will come back to India and will not use the visa granted to my ward basis the documents for this study abroad program for any other purpose than to attend this program. In case my ward does not report back to India or does not follow the rules and regulation of India or of the country where he/she is going to attend the program then university can report the same to police or relevant authority(ies) and can initiate the legal proceeding.
10. My ward will ensure that the full payment of the semester's fees is made in advance in which semester the exchange is taking place. For example, if my ward participates in the semester exchange program at the partner university during the 3<sup>rd</sup> semester, the full fee for the 3<sup>rd</sup> semester will be paid before commencing the exchange program.
11. After finishing the program my ward will report back to LPU and will continue the existing program in which he/she is enrolled at LPU.
12. Understanding all the details of the program I fully support and endorsed my ward to attend the semester abroad program and take full responsibility of this decision.
13. I hereby confirm that my ward does not have any current or past medical or mental health conditions that may affect his/her ability to participate in the Semester Exchange Program.
14. I also acknowledge that if any medical or mental health condition arises before or during my ward's Semester Exchange Program, I will communicate the university timely. I will be personally responsible for any such thing and will be taken care by me.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number (parent) \_\_\_\_\_