

Parent/Guardian Participation Consent Agreement
Health Services Treatment Agreement
Student Conduct Agreement



University of Connecticut, School of Engineering
EXPLORE ENGINEERING E² PROGRAM

June 23rd to June 27th, 2013

DO NOT send payment with your application.
Admission decisions will not be made until ALL applicants are reviewed
after the 4/15/2013 deadline.

Please type application or print clearly

Personal Data

Applicant's First and Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: (____) _____ Email Address: _____

Parent/Guardian Participation Consent and Health Services Treatment Agreement

I hereby give permission for my son/daughter to participate in the **EXPLORE ENGINEERING Program**.

Print Student's First and Last Name: _____

Print Parent/Guardian First and Last Name: _____

Signature of Parent/Guardian: _____

I am aware that the University of Connecticut does not provide insurance coverage of any type for summer program students and cannot be held responsible for accidents or injuries sustained by my son/daughter. I agree that this matter is my personal responsibility. My son/daughter has my permission to be treated at the University Health Services.

I will comply with the rules of the University of Connecticut as an **EXPLORE ENGINEERING** participant:

Student's Signature: _____ Date: _____

Please return completed application by April 15, 2013 to:

Monica Bullock
School of Engineering
University of Connecticut
191 Auditorium Road Unit 3187
Storrs, CT 06269-3187