

Parent/Guardian Consent and Health Form

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

Print Student's First and Last Name: _____

Print Name of Parent/Guardian: _____

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 am willing to comply with the rules of the University of Connecticut as an **EXPLORE ENGINEERING** participant:

Student's Signature: _____ **Date:** _____

High School Recommendation:

I support the student application:

Very strongly _____

Strongly _____

Written recommendation from Science, Math or Technology Teacher (**Attach additional page if necessary**):

Please have your teacher or school counselor (this could be the same person that has written your recommendation letter or another authorized person) verify your grade point average and SAT or PSAT score from page 1.

Teacher or School Counselor's Name (please print) _____

Teacher's Signature _____ **Date:** _____

Please return completed application by April 27, 2012 to:

**Kimberly Duby
School of Engineering
University of Connecticut
191 Auditorium Road Unit 3187
Storrs, CT 06269-3187**