



Parent/Guardian Consent Form LEAP Forward Internship program

Adult Career and Special Student Services requires that individuals under the age of eighteen have the signed consent of their parent or guardian to take University of Wisconsin-Madison courses. Should your student be accepted into this internship, they will be enrolled in 1 credit hour that is paid for by UW-Madison.

Please read and complete this form if you wish to give your consent:

I am aware that the student named below intends to apply for the LEAP Forward Internship. Should they be accepted, this would include the enrollment in a 1 credit hour course at the University of Wisconsin-Madison as a University Special student. By signing this form I give my permission for them to enroll should they be accepted into the Internship program.

Student's name: _____

Parent/Guardian name (please print): _____

Relationship to student: _____

Signature: _____

Date: _____

This form should be uploaded via either the LEAP Forward Application or the LEAP Forward Supplemental Application Materials.

Contact the LEAP program with any questions at LEAPForward@em.wisc.edu