



**QARSHI UNIVERSITY
PARENT / GUARDIAN CONSENT FORM FOR TRIPS**

Annexure – 16

First Name:_____ Middle Name:_____ Last Name:_____

Registration No._____ Department:_____ Program:_____

CGPA:_____ Total Credit Hours Completed Successfully:_____

E-mail:_____ Contact No.:_____

Semester: Fall / Spring / Summer

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Proposed Destination:_____ Proposed Duration:_____

Departure Date & Time:_____ Arrival Date & Time _____

Name of Faculty member / s Accompanying the Tour:_____

Boys Only Tour Girls Only Tour Mix Tour

Date:_____ Signature:_____

To be Filled by parent / guardian

I am aware that Mr. / Ms. _____ will be accompanying the tour. I do not object to his / her participation in the said activity and assure the University that Mr. / Ms. _____ will be at his / her best behavior throughout the trip.

Name: _____ Signature: _____

Contact No.: _____ Date: _____

For Official Use

Department of Student Affairs

Allowed Not allowed

Date: _____ Signature: _____

Acknowledgement Receipt
Parent / Guardian Consent Form For Trips

Student Name: _____ Registration No. _____

Semester: Fall / Spring / Summer

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Recipient Name / Designation: _____ Recipient Signature: _____