Enhanced Studies Program
Permission Form

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA
CREATE CHANGE

Instructions: Read and print this form, the relevant ESP rules and guidelines, obtain the signatures, and upload to your online application before you submit the application (details at http://esp.uq.edu.au/)

Applicant

I understand that the full applicant declaration is part of my online application form which I must review and agree to prior to submitting the online application, and I have read, understood and agree to the Enhanced Studies Program (ESP) Rules and Guidelines and understand the entry requirements for each course below.

I am seeking permission from my parent/s or guardian/s and school to apply for the following course/s (only one may be undertaken) listed on the ESP website:

1st preference: _____ 2nd preference:_____

_____	_____	_____
Full name & Signature	**Secondary School**	**Date**

Parental/Guardian Declaration and Consent

Yes, I (the parent/guardian) accept the conditions of my child's ESP application as stated in the ESP Rules and Guidelines and in the Applicant Declaration in the online application form, and give permission for my child to participate in ESP if offered a place.

Yes, I (the parent/guardian) understand that even though my child will be underage whilst enrolled in ESP (if offered a place), UQ does not accept parental responsibility for them, either while on campus or while involved in university-related work or study. I acknowledge that UQ is an environment for adult learners and course materials may reflect this. Additionally, if my child is **under 16:** I agree that they can only be made an offer if approved in accordance with *Admission to Coursework Procedure* and understand that I will be informed of any additional conditions in an offer letter.

_____	_____	_____
Full name	**Parent/Guardian Signature**	**Date**

School Principal Declaration and Consent

Yes, I (the School Principal or authorised delegate) endorse this application based on the strong academic results achieved by this student. I am confident this student has the maturity and commitment required to successfully complete a university-level course. I have read and understood the conditions of ESP as outlined in the ESP rules and guidelines on the ESP website.

_____	_____	_____
Full name & title	**Signature**	**Date**

School ESP Contact/Coordinator contact details

Please provide details for an authorised contact (e.g. Guidance Counsellor, Year Level Coordinator) at your school to whom we may contact regarding your enrolment, attendance and course completion matters for ESP.

_____	_____	_____
Full name & title	**Contact phone**	**Email address**