PARENTAL/ GUARDIAN CONSENT FORM

To The International Relations Office, Royal Thimphu College

I, (name of parent or gua	ardian) Mr./Mrs		,
		address:	
phone number:	, hereby grant permission for my child (name of student):		
		to participate in the application and s	selectio
•	zer academic exchange p iod of approximately 9 mc	rogramme that requires him/her to travenths.	el to and
I understand the nature	of this programme and the	at if the named child ("student") has bee	en
selected for the academ	ic exchange program to F	Pitzer College in California, USA, I shall	bear th
visa expenses and the in	ncidental and personal ex	penses that may be incurred during the)
programme, and the RT	C full tuition/room/food fee	es for the academic year (Nu. 179,900)	
(Please refer to the App	lication Form Section D fo	or a detailed list of anticipated expenses	s).
		rogramme entirely on his/her own; ther nay occur during the programme.	efore, I
Please		Please	
affix legal		affix legal	
stamp here		stamp here	
Signature of Parent/Gua	ardian	Signature of Ward (student)	
Date			
Daio			
Please attach:			

1. CID Copy of the named Parent/ Guardian