

**Tier 4 student – Under 18 parental/legal guardian consent pro-forma**

Tier 4 (General) students aged 16 or 17 at the time that they start their programme of study have the legal right to live independently in the UK. They must, however, submit a letter of consent from their parent(s)/legal guardian(s) to their University to live independently and to travel to the UK.

Please arrange for your parent(s)/legal guardian(s) to complete this pro-forma and send to saacomp@southampton.ac.uk Please note that all those with legal responsibility for you must sign the form.

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| **Section 1 Student details** |
| University of Southampton ID Number: |  |
| UCAS Number (if applicable): |  |
| Surname/Family Name: |  |
| First/Given Name: |  |
| Date of Birth: |  |
| Programme of Study |  |

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| **Section 2 Details of the parent(s)/legal guardian(s)**Please note that **all** persons with legal responsibility for the above named student must complete and sign this form.  |
| Surname/Family Name: |  |
| First/Given Name: |  |
| Relationship to Student: |  |
|  |  |
| Surname/Family Name: |  |
| First/Given Name: |  |
| Relationship to Student: |  |

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I/we understand that:

* The University of Southampton does not accept any parental responsibility for the student named on this form.
* The University of Southampton is an adult environment and the named student on this form will be treated as such.

I/we confirm that I/we give consent:

* For the student named on this form to travel to the UK to undertake study at the University of Southampton
* Agree to any reception arrangements made for the student arrival in the UK
* For the student named on this form to arrange their own accommodation and live independently whilst they are studying in the UK

**Declaration (all persons listed in Section 2 must complete this)**

*I confirm that I am the parent/legal guardian of the above named student.*

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| **Signature:** |  |
| **Full name – please print** |  |
| **Date:** |  |

*I confirm that I am the parent/legal guardian of the above named student.*

|  |  |
| --- | --- |
| **Signature:** |  |
| **Full name – please print** |  |
| **Date:** |  |

Please email a completed copy of this form to the following address: saacomp@southampton.ac.uk