



## Ithaca College Los Angeles Program CONSENT FORM

*Please initial each item:*

1. \_\_\_ I understand that all participants in the Ithaca College Los Angeles Program will be responsible for their own travel arrangements to and from Los Angeles, and all transportation needs while in Los Angeles, and for the charges involved.
2. \_\_\_ I understand that Ithaca College will assist participants in securing housing in Kapi-managed apartments when requested to do so.
3. \_\_\_ I understand that participants are responsible for their own housing leases.
4. \_\_\_ I understand that participants are responsible for the cost of meals, laundry, books, supplies, telephone, and incidentals.
5. \_\_\_ I understand that the College reserves the right to cancel or alter any or all of the aspects of this program and/or alter its schedule of charges should unforeseen circumstances warrant such action.
6. \_\_\_ I understand that there are credit hour enrollment minimums and maximums, described in the Information Sheet for the semester for which the participant is applying.
7. \_\_\_ I understand that, before this application will be considered, all participants must be in good academic, judicial and financial standing at the College or their current school of enrollment.
8. \_\_\_ I agree to meet the schedule of payments in connection with this program as provided by Ithaca College Student Financial Services. Ithaca College's normal billing procedures will be followed, and regular tuition and fee rates will be applied.

I have read all the materials provided about the program as well as the information above, and I agree to participate in the program under these terms.

I have read all the materials provided about the program as well as the information above, and I give my son/daughter/ward permission to participate, and I agree to these terms.

\_\_\_\_\_  
STUDENT'S SIGNATURE and DATE

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE and DATE  
(Required if student is not responsible for bills)

\_\_\_\_\_  
Student's name typed or printed

\_\_\_\_\_  
Parent/Guardian's name typed or printed

For more information, please contact the IC Los Angeles staff at (323) 851-6199 or [laprogram@ithaca.edu](mailto:laprogram@ithaca.edu).