**PARENTAL CONSENT FORM**

I, ....................., born on ................., at ............, holder of passport no. .............., of the [COUNTRY], and I, ....................., born on ................., at ............, holder of passport no. .............., of the [COUNTRY], hereby acknowledge and declare our consent that our child ..................., born on ................, at ............, holder of passport no. .............., of the [COUNTRY], shall live in Pafos, Republic of Cyprus, for the academic years ..... – ...., in order to attend the course [NAME OF COURSE] at the American University of Beirut – Mediterraneo.

Copies of all the abovementioned passports are attached hereinafter as exhibits.

.................................. (sign.) .................................. (sign.)

[NAME OF PARENT] [NAME OF PARENT]

Date: ......./......../........