

INDUSTRIAL PRACTICE SCHOOL :: KL UNIVERSITY

UNDERTAKING BY THE PARENT

I-----, the Parent / Guardian of Mr./Ms.-----
bearing University ID. No----- Pursuing -----Semester, -----Program in -----
----- Branch.----- Academic Year at your University do hereby undertake the following terms during
Practice School (PS) program:

- 1) We value the integration of University education with the Industry exposure / experience that is uniquely designed by the KL University. We are participating in the PS Program of our own accord and due to the value it provides.
- 2) We shall register our ward for the semester as specified in the Calendar.
- 3) We are aware we have to pay the Semester fee as per the schedule. We are also aware that my ward shall not be allowed to participate in the PS Program if there are fee dues.
- 4) We are also aware that some PS Programs are on chargeable basis. We shall pay the requisite amount, if my ward takes up such assignment on chargeable basis.
- 5) My ward shall stay in the hostel facilities provided by the University in the PS locations and agree to pay the applicable charges. Wherever the PS does not have such facilities or where the existing hostel facilities are inadequate, we shall make our own arrangements. Where the Company provides boarding and lodging facilities my ward shall make use of those facilities by paying applicable charges as stipulated by the Company.
- 6) Our ward shall strictly abide by the discipline and conduct requirements of the University. The attendance requirements of the PS shall be binding on my ward.
- 7) We are also aware that we are responsible for fulfillment of any other statutory requirements of the Company, where required.
- 8) My ward shall take due care of his / her safety and security during PS Program. We are aware that we are responsible for my ward's safety. We hereby release KL University and any co-operating institution and their Officers, Employees, Successors and Agents from any kind of transactions and all claims and clauses of action for inconvenience, damage to or loss of property, medical or hospital care, personal illness or injury or death arising out of my ward's participation in the PS program and / or travel or activity conducted under the supervision or control of KL University or the Company which is providing training during PS program to my ward.
- 9) We hereby indemnify the University and the University stands indemnified by us from any consequences of my ward's participation in the PS program.
- 10) My ward shall not indulge in any unlawful / illegal activity, and any violation of PS Guidelines shall be at the sole risk of my ward.

I understand that Practice School Program is very important for my ward's future career prospects and therefore I agree to abide by the guidelines announced by the KL University for PS program. I shall also counsel my ward to abide by the guidelines of PS program from time to time.

Place:
Date:

Signature of the Parent / Guardian
Name and Address with Phone No: