



High School Student's Name: _____

We expect that you will always conduct yourself with responsibility during the 7 weeks of this program, that you will follow all regulations, and that you will be responsive to the faculty, staff, and students with whom you will be working. Your continued participation in this program depends on satisfactory fulfillment of these requirements. Please be aware that any violation of these rules may result in immediate dismissal from the program.

We expect you will be protected from danger whether the danger is caused by intentional or negligent acts of others, whether the harm is verbal or physical. Nonetheless, all persons participating in this program shall be deemed to have waived all claims against the University of California San Diego, its employees or affiliates, the University of California system, and the State of California for injury, accident, illness, or death occurring during the program.

Signature of Student: _____

Date: _____

By marking this box, I confirm that I am currently a student in 11th grade of high school (*i.e.*, during summer 2025 I will be one year away from finishing high school).

By marking this box, I confirm that my high school overall grade point average is 3.6 or higher (9.0 or higher in Mexico).

Students not meeting grade requirements, are not eligible to apply to the ENLACE 2025 program.

By marking this box, I confirm that I have satisfactory command (intermediate or higher) of the English language.

By marking this box, I confirm that I understand that laboratory placements are based on my area of interest, but that under some circumstances, I may be placed in a laboratory that is peripheral to my area of interest.

(It is not likely that high school students would be placed in a medical sciences laboratory, even if that is the interest of the student).

UC San Diego

Parents or Guardians

We recognize that you are entrusting your children to our care. We have confidence in the faculty and administrators of the University of California San Diego, in that they will take all necessary steps to safeguard your children from danger and harm. We expect your children will be protected from danger whether the danger is caused by intentional or negligent acts of others, whether the harm is verbal or physical. Nonetheless, all persons participating in this program shall be deemed to have waived all claims against the University of California San Diego, its employees or affiliates, the University of California system, and the State of California for injury, accident, illness, or death occurring during the program.

Name of Parent or Guardian #1: _____

Signature of Parent or Guardian #1: _____

Date: _____

Name of Parent or Guardian #2: _____

Signature of Parent or Guardian #2: _____

Date: _____