

Wells College

Aurora, New York 13026

Wells College Program in Dakar College Permission Form

Tel: (315)364-3308 • Fax: (315)364-3257 • E-Mail: dakar@wells.edu

Name (Last, First, Middle Initial) _____

Birth Date (MM/DD/YYYY) _____

Institution _____ E-Mail Address _____

I am applying for Spring Semester 20_____

Study Abroad Approval

This portion of the application must be filled out by an academic dean, study abroad advisor, or an appropriate academic officer.

- a. Is the applicant in good academic and social standing? Yes No
- b. Does the applicant have official permission to participate in the Wells College Program in Dakar? Yes No
- c. What is the lowest acceptable grade for credit transfer? _____
- d. What is the minimum number of credits the student must take while abroad? _____

Officer's signature _____ Date _____

Name printed or typed _____

Position _____

E-Mail _____ Phone _____

**PLEASE FORWARD TO: Professor André Siamundele
Wells College Program in Dakar
Aurora, NY 13026**