



Wells College

Wells College in Florence

College Permission Form

Tel: (315)364-3291 • Fax: (315)364-3257 • E-mail: Florence@wells.edu

Name (Last, First, Middle Initial) _____

Birth Date (MM/DD/YYYY) _____

Institution _____ E-mail Address _____

I am applying for (check one) Fall Semester Spring Semester Academic Year Summer

Study Abroad Approval

This portion of the application must be filled out by an academic dean, study abroad adviser, 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 Florence?
 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:
Amy Torea, Program Coordinator
Wells College in Florence
Wells College, 170 Main Street
Aurora, New York 13026