

Wells College

Aurora, New York 13026

Wells College Florence Program College Permission Form

52 Rose Terrace, Chatham, NJ 07928

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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 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 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:
Professor Giorgio Renzi, Program Director
Wells College Florence Program
52 Rose Terrace, Chatham, NJ 07928