

Wells College

Aurora, New York 13026

Attach
Passport
Photo
Here

Wells College Program for Advanced Spanish in Sevilla Application Form

Tel: (315)364-3280 • Fax: (315)364-3257 • E-Mail: sevilla@wells.edu

Name (Last, First, Middle Initial) _____

Social Security Number _____ Citizenship _____ Birth Date (MMDDYY) _____

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

Home (Permanent) Address

Street _____

City _____

State _____ ZIP _____

Tel: _____

Cell Phone: _____

Email: _____

Personal Campus Address

Street _____

City _____

State _____ ZIP _____

Tel: _____

Dates when this address is valid _____

Academic Information

College now Attending _____

Current Class Standing _____

FR SO JR SR Not Enrolled

Major _____

Minor _____

Cumulative GPA _____

Will you be using Financial Aid while abroad? Yes No

How did you hear about this program?

Parent Information

Whom should we contact in the event of an emergency?

Father Mother Other _____

Whom should we bill?

Father Mother Self Other _____

Father's Name

Street _____

City _____

State _____ ZIP _____

Tel: _____

Cell Phone: _____

Email: _____

Mother's Name

Street _____

City _____

State _____ ZIP _____

Tel: _____

Cell Phone: _____

Email: _____

Information on my program may be sent to:

Father Mother Neither

Other Address for Billing Emergency Contact

Name _____

Street _____

City _____

State _____ ZIP _____

Tel: _____

Cell Phone: _____

Email: _____

Course Information:

How many College Spanish courses have you completed at each level?

Beginning____ Intermediate____ Advanced____

Please list four courses, in order of preference, and two alternates, you wish to take while studying in Sevilla.

1. _____

2. _____

3. _____

4. _____

Alternates

5. _____

6. _____

Home School Contacts:

Name, Position and Address of the individual in charge of credit transfers while studying abroad:

Name and address of the individual making decisions regarding study abroad:

List the names and positions of two individuals you will ask to send recommendations concerning your academic ability, character and personality. One should be your Spanish teacher.

Name _____

Position _____

Name _____

Position _____

Additional items to be included in the application

- 1. **\$50 Non-refundable application fee**
- 2. **Statement of Purpose** – On a separate sheet, explain what you hope to achieve while studying on the Wells Program for Advanced Spanish. Please be sure to consider academic, personal and cultural objectives.
- 3. **College Permission Form**

Items needed to consider an application complete that may be sent under separate cover:

- 1. **Copy of Transcript** – Should be from each post-secondary institution you have attended. May be sent directly from Registrar’s Office.
- 2. **Two Letters of Recommendation**
- 3. **Housing Form**

I certify that the information on this application is correct, and that I am in good academic and disciplinary standing at my home institution and agree to notify Wells College if my status changes. I agree that the information in this application and its accompanying documents may be shared with other educational institutions and individuals involved with the program in order to process my acceptance and arrange housing.

Student’s Signature _____ Date _____

Parent’s Signature _____ Date _____

(Only required if student is less than 18 years old)

**SUBMIT YOUR APPLICATION TO PROFESSOR MIGUEL GIL, PROGRAM DIRECTOR
ADVANCED SPANISH PROGRAM, WELLS COLLEGE, AURORA, NY 13026**

Wells College

Aurora, New York 13026

Wells College Program for Advanced Spanish in Sevilla College Permission Form

Tel: (315)364-3280 • Fax: (315)364-3257 • E-Mail: sevilla@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 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 for Advanced Spanish in Sevilla?
 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 Miguel Gil, Director
Wells College Program for Advanced Spanish in Sevilla
Aurora, NY 13026**

Wells College

Aurora, New York 13026

Wells College Program for Advanced Spanish in Sevilla Recommendation Form

Tel: (315)364-3280 • Fax: (315)364-3257 • E-Mail: sevilla@wells.edu

To the Applicant: Please give one of these forms to each of the two references you select and include for their convenience a stamped envelope addressed to Professor Miguel Gil, Wells College, Aurora, NY 13026.

Applicant's Name _____

Fall Spring Academic Year

Name of Academic Reference _____

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this evaluation, and I understand that this evaluation will be used only for the purpose for which it is prepared. Yes No

To the Academic Reference: The above named student is applying for admission to the Wells College Program for Advanced Spanish in Sevilla. Your evaluation of the applicant's candidacy is essential for her/his acceptance into the program. If you prefer to respond in the form of a letter, please feel free to do so.

1. How long and in what capacity have you known the applicant?

2. On a scale of 1 (low) to 5 (high), how would you rate the applicant's

Stamina 1 2 3 4 5

Ability to take initiative 1 2 3 4 5

Intellectual curiosity 1 2 3 4 5

Ability to work alone 1 2 3 4 5

Motivation to learn 1 2 3 4 5

Ability to work in a team 1 2 3 4 5

3. How do rate (1-5) the applicant's maturity and emotional stability?

Maturity 1 2 3 4 5

Emotional Stability 1 2 3 4 5

4. How do you rate (1-5) the applicant's knowledge of Spanish (where applicable)? 1 2 3 4 5

5. How do you expect the applicant to adapt to educational and cultural differences?

6. Please write any additional comments you would like to make about the applicant on the back.

7. If you were responsible for a study abroad program would you be eager to accept the applicant? Why or why not?

8. I strongly recommend the applicant

I recommend the applicant

I recommend the applicant with reservations

I do not recommend the applicant

Name and Title _____ Signature and Date _____

Institution _____ Address _____

**SUBMIT YOUR RECOMMENDATION TO PROFESSOR MIGUEL GIL, PROGRAM DIRECTOR
WELLS COLLEGE PROGRAM FOR ADVANCED SPANISH, WELLS COLLEGE, AURORA, NY 13026**

Wells College

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Wells College Program for Advanced Spanish in Sevilla Housing Form

Tel: (315)364-3280 • Fax: (315)364-3257 • E-Mail: sevilla@wells.edu

Applicant's Name _____

Three housing options are possible: Indicate your preference by checking one:

Shared Apartment Homestay Want to find accommodation on my own

In order to know you better (for housing purposes) we would like you to answer the following questions.

1. How important is the social prestige of a family (eg. father's/mother's profession)? Very Fairly Not Important

2. How independent do you consider yourself? Very Fairly Not Very

3. How adaptable to a new environment are you? Very Fairly Not Very

4. Are you equally at ease with persons of all ages? Yes No

5. Can you stay with a family with pets? Yes No

6. Are you very outgoing? Yes No

7. Are you interested in politics? Yes No

8. How do you define yourself politically? Liberal Moderate Conservative

9. Do you have a religious affiliation? Yes No

10. If you do have a religious affiliation, what is it? _____

11. Would you object to living in a household practicing a different religion? Yes No

12. Do you smoke? Yes No

13. Do you mind if family members smoke? Yes No

14. Do you have any special dietary restrictions or allergies that may be important for us to know when assigning housing?

15. Do you tend to keep your room neat and orderly? Yes No

16. Are you an Early Morning or Late Night person?

17. What profession are you considering? _____

18. Do you participate in sports? Yes No Which? _____

19. Do you play a musical instrument? Yes No Which? _____

20. What are your social interests and hobbies? _____

**SUBMIT YOUR HOUSING FORM TO PROFESSOR MIGUEL GIL, PROGRAM DIRECTOR
ADVANCED STUDIES IN SPANISH, WELLS COLLEGE, AURORA, NY 13026**