

Wells College

Aurora, New York 13026

Attach
Passport
Photo
Here

Language Education Program in Spain Application Form

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

Name (Last, First, Middle Initial) _____

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

I am applying for Spring Semester _____

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:

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

- 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - 5. _____
- Alternates
- 6. _____
 - 7. _____

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 able to speak to your experience or interest in education.

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. Please be sure to consider academic, personal and cultural objectives.
- 3. **College Permission Form**
- 4. **Four Passport Photos**

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
LANGUAGE EDUCATION PROGRAM, WELLS COLLEGE, AURORA, NY 13026**