

Wells College

Aurora, New York 13026

Language Education Program in Spain College Permission Form

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Name (Last, First, Middle Initial) _____

Birth Date (MM/DD/YYYY) _____

Home Institution _____ E-Mail Address _____

I am applying for Spring Semester _____

Study Abroad Approval

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

- a. Is the applicant in good academic and social standing? Yes No
- b. Does the applicant have official permission to participate in the program? 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 _____

**SUBMIT THIS FORM TO PROFESSOR MIGUEL GIL, PROGRAM DIRECTOR
LANGUAGE EDUCATION PROGRAM IN SPAIN, WELLS COLLEGE, AURORA, NY 13026**