



Wells College

Arts in Paris Application Form

Tel: (315)364-3258 • Fax: (315)364-3257 • E-Mail: paris@wells.edu

Attach
2" x 2"
Photo
Here

Name (Last, First, Middle Initial) _____

Social Security Number _____ Citizenship _____ Date of birth (MMDDYYYY) _____

I am applying for (check one) Fall Semester 20__ Spring Semester 20__ Full Academic Year 20__-20__

Home (Permanent) Address

Street _____

City _____

State _____ Zip _____

Tel _____

Cell phone _____

Email _____

Address at College

Address line 1 _____

Address line 2 _____

Address line 3 _____

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 _____

Do you intend to use financial aid while abroad?

Yes No

How did you hear about the Arts in Paris program?

Parent Information

Whom should we contact in the event of an emergency?

Father Mother Other (see below)

Whom should we bill?

Father Mother Self Other (see below)

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 courses have you completed or are you presently taking in:

Art History _____ Studio Art _____ Performing Arts _____

What area of the arts are you interested in? _____

How many French courses have you completed:

In college _____ In high school _____

Please list the French courses, with course numbers and titles, you have taken at college (or are presently taking at college):

Please list four courses, in order of preference, and two alternates, you wish to take while studying in Paris, besides French language courses:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Alternates:

- 5. _____
- 6. _____

Additional items to be sent with your application:

- 1. **Statement of Purpose** – On a separate sheet, explain what you hope to achieve while studying on the Wells College Arts in Paris program. Please be sure to consider academic, cultural, and personal objectives. This statement should be 500-700 words long.
- 2. **College Permission Form**
- 3. **Housing Request Form**
- 4. **\$50 non-refundable application fee, payable to Wells College Paris Program**

Items that may be sent under separate cover:

- 1. **Official Transcript** from each post-secondary institution you have attended. May be sent directly from your Registrar’s Office to the Program Director.
- 2. **Two Letters of Recommendation** (may be sent directly to the Program Director).

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

Student’s Signature _____ Date _____

Parent’s Signature _____ Date _____

(Only required if student is under 18 years old)

Home School Contacts:

Name, position, and address of the individual in charge of credit transfers for study abroad:

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

List the names and positions of two individuals you have asked to send letters of recommendation on your behalf. One should be your major advisor or a studio art, performing arts, or art history instructor, and the other your French teacher (if applicable).

Name _____

Position _____

Name _____

Position _____



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Arts in Paris College Permission Form

Tel: (315)364-3258 • Fax: (315)364-3257 • E-Mail: paris@wells.edu

Name (Last, First, Middle Initial) _____

Date of birth (MM/DD/YYYY) _____

Institution _____ E-Mail address _____

I am applying for (check one) Fall Semester 20____ Spring Semester 20____ Full Academic Year 20____-20____

Study Abroad Approval

This portion of the form must be filled out by an academic dean, study abroad advisor, or the appropriate academic officer at your home institution.

- 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 Arts in Paris Program? Yes No
- c. What is the lowest acceptable grade in order to be considered for transfer credit? _____
- 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 SUBMIT THE COLLEGE PERMISSION FORM TO
PROFESSOR AMY STAPLES, PROGRAM DIRECTOR
ARTS IN PARIS, WELLS COLLEGE, 170 MAIN STREET, AURORA, NY 13026



Arts in Paris Recommendation Form

Tel: (315)364-3258 • Fax: (315)364-3257 • E-Mail: paris@wells.edu

Wells College

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 Amy Staples, Arts in Paris, Wells College, 170 Main Street, Aurora, NY 13026.

Applicant's name _____ Fall Spring Full Academic Year 20____-20____

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 Wells College's Arts in Paris program. 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

Academic performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Ability to take initiative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Intellectual curiosity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Ability to work alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Motivation to learn	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Ability to work in a team	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

3. How would you rate the applicant's intellectual and social/emotional maturity?

Intellectual maturity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Social/emotional maturity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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4. How do you rate the applicant's knowledge of French (where applicable)? 1 2 3 4 5

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

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

7. Please write any additional comments you would like to make about the applicant on the back, or on a separate sheet.

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 _____

**PLEASE SUBMIT YOUR RECOMMENDATION TO PROFESSOR AMY STAPLES, PROGRAM DIRECTOR
ARTS IN PARIS, WELLS COLLEGE, 170 MAIN STREET, AURORA, NY 13026**



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Intellectual curiosity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Ability to work alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Motivation to learn	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Ability to work in a team	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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Intellectual maturity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Social/emotional maturity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Institution _____ Address _____

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Arts in Paris Housing Request Form

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Applicant's Name _____

Three housing options are possible. Indicate your housing request by checking one:

Single Room in Dorm Home stay Want to find housing on my own

Students choosing a home stay, please answer the following questions:

1. Do you have any physical conditions or limitations that would require special consideration? Yes No
If yes, please detail:
2. Do you have any dietary requirements or restrictions that we need to be aware of? Yes No
If yes, please detail:
3. Do you smoke? Yes No
4. Do you object to being placed in a room/home stay with smokers? Yes No
5. Are you allergic to or do you have an aversion to any animals? Yes No
If yes, please detail:
6. Do you have any other allergies? Yes No
If yes, please detail:
7. How independent do you consider yourself? Very Fairly Not very
8. Are you very outgoing? Yes No
9. How adaptable are you to a new environment? Very Fairly Not very
10. Are you an early morning or late night person? Early morning Late night
11. Are you equally at ease with persons of all ages? Yes No
12. How important is the social prestige of a family (e.g. father's/mother's profession)? Very Fairly Not very
13. Are you interested in politics? Yes No
14. How do you define yourself politically? Liberal Moderate Conservative
15. Do you have religious affiliations? Yes No
16. Would you object to living in a household practicing a different religion? Yes No
17. Please submit on a separate sheet your reasons for choosing home stay in France.

**SUBMIT YOUR HOUSING FORM TO PROFESSOR AMY STAPLES, PROGRAM DIRECTOR
ARTS IN PARIS, WELLS COLLEGE, 170 MAIN STREET, AURORA, NY 13026**