

Wells College Florence Program

Application Form

52 Rose Terrace, Chatham, NJ 07928

Tel: (973)665-0089 • Fax: (973)665-1258 • Email: florence-program@wells.edu

Attach
Passport
Photo
Here

Name (Last, First, Middle Initial) _____

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

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

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?

Are you applying to any other program. If so, which?

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 _____

Other Address for Billing Emergency Contact

Name _____

Street _____

City _____

State _____ ZIP _____

Tel _____

Cell Phone _____

Email _____

Housing Preference

Apartment Homestay

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

Home School Contacts

Name, position and address of the individual in charge of credit transfers while studying abroad:

Name and position of the person you will ask to send recommendation concerning your academic ability, character and personality.

Name _____

Position _____

Italian Language Information

How many years of Italian have you completed in high school? _____

How many semesters of Italian have you completed in college? _____

Additional items to be included in the application

1. **\$50 Non-refundable application fee. Make checks payable to Wells College Florence Program.**
2. **Statement of Purpose** – On a separate sheet, explain what you hope to achieve while studying in Florence. 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 that school’s Registrar’s Office.
2. **One Letter of Recommendation**

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 GIORGIO RENZI, PROGRAM DIRECTOR
WELLS COLLEGE FLORENCE PROGRAM
52 ROSE TERRACE, CHATHAM, NJ 07928**

Wells College Florence Program

Housing Form

Tel: (973)665-0089 • Fax: (973)665-1258 • Email: grenzi@wells.edu

1. Housing option preferred: Apartment Homestay
2. If you have roommate(s) preference among the students on the Wells College Florence Program, please list name(s):
 - a. I would like to share a room with (give name): _____
 - b. I would like to share an apartment with (give names): _____
 - c. If available, I would like to have a single room. I will pay the single room surcharge of \$1,000. Yes No

NOTE: Apartments range from two (2) to seven (7) people. The assignment of apartments and homestays is done by lottery with two (2) students per room (single beds). Single rooms, if available, will have a surcharge of \$1,000.

3. Do you have any physical conditions or limitations that would require special consideration? Yes No
If yes, please detail: _____
a. _____
4. Do you have any dietary restrictions or restrictions that we need to be aware of? Yes No
If yes, please detail: _____
a. _____
5. Are you allergic or do you have aversion to any animal? Yes No
If yes, please detail: _____
a. _____
6. Do you have any other allergies? Yes No
If yes, please detail: _____
a. _____
7. How independent do you consider yourself? Very Fairly Not Very
8. Are you outgoing? Yes No
9. How adaptable are you to a new environment? Very Fairly Not Very
10. Are you equally at ease with persons of all ages? Yes No
11. Do you consider yourself a tidy person? Yes No
12. Are you an early morning or late night person? Early Morning Late Night
13. How do you define yourself politically? Liberal Moderate Conservation
14. Why are you choosing homestay arrangements? _____
15. Do you mind if a family member smokes? Yes No

Student's Name (please print): _____

Student's Signature: _____ Date: _____

Please return this form **as soon as possible to Prof. Giorgio Renzi, Director, Wells College Florence Program**, 52 Rose Terrace, Chatham, NJ 07928. If you wish, you can fax it to: 973-665-1258 or email it to: grenzi@wells.edu. Thank you for your prompt cooperation,