WELLS COLLEGE EXCHANGE PROGRAM IN DAKAR

Semester			Student ID #		
1.	NameFirst	Middle	Date of birth Last		
2.	Home address				
			Phone		
3.					
4.	ACADEMIC 1	<u>REFERENCE</u>			
		This portion of the application <u>MUST</u> be filled out by an Academic Dean or appropriate Academic Office or Committee Chairperson			
	a. Is the app	olicant in good academic and	social standing?		
		applicant have official perm	ission to participate in the Wells College Ex	change Program in	
		-	Fer credit for all courses in which he/she rece ch is the lowest grade acceptable?	_	
	Officer's signa	ature	Date		
	Name (print or	r type)			
	Position	ition			
		WARD TO: Dr. André Sia	mundele, Director		

Dakar Program Wells College Aurora, NY 13126-0500