

**Wells College Exchange Program in Dakar**      **APPLICATION FORM**

SPRING Semester \_\_\_\_\_

*Enclose \$50 registration fee payable to: Wells College  
Please attach here a 1"x 2" ID photo of yourself*

1. Name (last, first, initial) \_\_\_\_\_ SS #. \_\_\_\_\_

2. HOME address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

3. Citizenship : \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Father's Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Address (if different from #2): \_\_\_\_\_ Home Phone: \_\_\_\_\_

5. Mother 's Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Address (if different) \_\_\_\_\_ Home Phone: \_\_\_\_\_

6. College now attending: \_\_\_\_\_ Your Phone # at college: \_\_\_\_\_

7. YOUR Address at college: \_\_\_\_\_

8. Current class standing:   Sophomore                  Junior                  Senior                  graduate school

9.. Major field \_\_\_\_\_ Minor field: \_\_\_\_\_ Cum.GPA \_\_\_\_\_

10. French language: GPA \_\_\_\_\_ Number of years in secondary school: \_\_\_\_\_ in college

Do you speak French in other settings? Which ones \_\_\_\_\_

11. What other foreign language(s) do you speak? \_\_\_\_\_ How well? \_\_\_\_\_

12. Have your TRANSCRIPT sent from your Registrar's office \_\_\_\_\_

13. Are you on Financial Aid? \_\_\_\_\_

14. Have you lived at any time in a country other than the US? \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

15. Have you traveled to Africa or to other parts of the world? \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

16. **STATEMENT OF PURPOSE** On a separate sheet, explain your reason for wanting to study with the Wells College in Dakar.

17. List the names and positions of two persons (a French instructor and another professor, dean or advisor) you will ask to send recommendations concerning your academic ability, character and motivation.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

18. Name and address of the Officer in charge of credit transfers **at your school** \_\_\_\_\_

19. Name and address of the person making decisions regarding Off Campus Studies \_\_\_\_\_

20. Applicant's signature: \_\_\_\_\_ date: \_\_\_\_\_

21. Parent or Guardian's signature: \_\_\_\_\_ date: \_\_\_\_\_

**Forward all material to: Dr. André Siamundele, Director , Wells College Aurora, NY 13026**

The right is reserved to modify or even cancel any or all of the present plans if conditions make it necessary.