

Arts in Paris/Wells College

APPLICATION FORM

- Fall** Semester
 Spring Semester

Academic year: _____

Please enclose \$50 application fee payable to Wells College.

Forward all material to:

Professor Amy Staples, Director

Wells College Paris Program

Aurora, NY 13026

Please attach
an ID photo of
yourself here.

1. Name: _____ SS No.: _____

2. Home address: _____

City: _____ State: _____ Zip: _____

3. Home phone: _____ E-mail: _____

Citizenship : _____ Birth Date: _____

4. Father's Name: _____ Profession: _____

Address: _____

Home Phone: _____ Bus. Phone: _____

5. Mother's Name: _____ Profession: _____

Address (if different) _____

Home Phone: _____ Bus. Phone: _____

6. College now attending: _____

7. Your address at college: _____

Your phone number at college: _____

8. Current class standing: _____ Sophomore _____ Junior _____ Senior _____

Major: _____ Minor: _____ Cum.GPA: _____

continued

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9. How many courses have you completed in Art History: _____ in Studio Art: _____

10. What area of art is your interest? _____
11. How many French courses have you completed in college? _____ In high school? _____
12. Are you on Financial Aid? (yes/no) _____
13. How did you hear about our program? _____
14. List the names and positions of two persons you will ask to send recommendations concerning your academic ability, character and personality. One should be from your major advisor or an art instructor, and one from your French instructor, if applicable.
- Name: _____ Position: _____
- Name: _____ Position: _____
15. Name and address of the Officer in charge of credit transfers **at your school**: _____

16. Name and address of the person making decisions regarding off-campus studies: _____

17. Please list **four courses**, in order of preference, and 2 alternates, you wish to take while studying in Paris, besides French language courses.
1. _____ 3. _____
2. _____ 4. _____
- Alternate Courses:
5. _____ 6. _____
18. **Statement of purpose.**
On a separate sheet, explain your reason for wanting to enroll in the Arts in Paris program.
19. Attach a copy of your **transcript** or have one sent by your Registrar's Office.
20. Applicant's signature: _____
date: _____
21. Parent or Guardian's signature: _____
date: _____

**Forward all material to: Professor Amy Staples, Director
Wells College Paris Program, Aurora, NY 13026**

Arts in Paris/Wells College Housing Questionnaire

Applicant's name:

1. Three housing options are available; please indicate your preference:

Circle one: a. Single Room in Dorm b. French family housing c. Want to find lodging on my own

In order to know you better (for housing purposes in particular), we would like you to answer the following questions:

2. Have you ever lived in a large city? yes no Which one(s)?

When?

3. How important is the social prestige of a family (e.g. father's/mother's profession)?

very fairly not very

4. How independent do you consider yourself? very fairly not very

5. How adaptable are you to a new environment? very fairly not very

6. Are you equally at ease with persons of all ages? yes no

7. Can you stay with a family with pets? yes no

8. Are you very outgoing? yes no

9. Are you interested in politics? yes no

10. How do you define yourself politically? Liberal Moderate Conservative

11. Do you have religious affiliations? yes no

12. Would you object to living in a household practicing a different religion? yes no

13. Do you have any dietary restrictions yes no

14. Do you smoke? yes no

15. Do you mind if family members smoke? yes no

16. Do you tend to keep your room neat and orderly? yes no

17. Are you an early morning or late night person?

18. Do you participate in sports? yes no

Which sport(s)?

19. Do you play a musical instrument? yes no

Which one(s)?

20. What are your interests and hobbies?

Arts in Paris/Wells College

College Permission Form

- Fall** Semester
 Spring Semester

Academic year: _____

1. Student Name: _____

First

Middle initial

Last

Date of birth: _____

ID No.: _____

2. Home address: _____

City:

State:

Zip:

Home phone: _____

E-mail: _____

3. Institution _____

4. **Academic Reference**

This portion of the application **must** be filled out by an academic dean, an appropriate academic officer, or the committee chairperson

a. Is the applicant in good academic and social standing? _____

Does the applicant have official permission to participate in Wells College's Arts in Paris Program?

c. Will the participant receive full transfer credit for all courses in which he/she receives a grade of "D" or better?

If not, what is the lowest grade acceptable?

Officer's signature _____

Date _____

Name printed or typed _____

Position _____

PLEASE FORWARD TO: Professor Amy Staples, Director
Wells College Paris Program
Aurora, NY 13026

Arts in Paris/Wells College Recommendation Form

To the Applicant: Please give one of these forms to each of the two sponsors you select, and include, for their convenience, a stamped envelope addressed to Professor Amy Staples, Wells College Paris Program, Aurora, NY 13026.

Applicant's name: _____

Name of academic sponsor: _____

To the academic sponsor: 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 letter form, 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

intellectual curiosity _____

ability to take initiative _____

motivation to learn _____

ability to work independently _____

stamina _____

ability to work in a team _____

3. How do you rate (1-5) the applicant's maturity and emotional stability?

maturity _____

stability _____

4. How do rate (1-5) the applicant's knowledge of French (where applicable)?

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

6. If you were responsible for a study program abroad, would you be eager to accept the applicant? Why?

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

8. _____ I strongly recommend the applicant.

_____ I recommend the applicant.

_____ I recommend the applicant with reservation.

_____ I do not recommend the applicant.

Name and Title

Signature and Date

Institution

Address

Arts in Paris/Wells College

Recommendation Form

To the Applicant: Please give one of these forms to each of the two sponsors you select, and include, for their convenience, a stamped envelope addressed to Professor Amy Staples, Wells College Paris Program, Aurora, NY 13026.

Applicant's name: _____

Name of academic sponsor: _____

To the academic sponsor: 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 letter form, please feel free to do so.

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Name and Title

Signature and Date

Institution

Address