

FALL Semester \_\_\_\_\_  
January/SPRING Semester \_\_\_\_\_  
ACADEMIC YEAR \_\_\_\_\_

Enclose **\$50 registration fee** payable to Wells College Spanish Program

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

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

3. Birth date : \_\_\_\_\_ Soc.Sec.No. \_\_\_\_\_ Home phone: \_\_\_\_\_

4. Father or Guardian's Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus.Phone: \_\_\_\_\_

5. Mother or Guardian's Name: \_\_\_\_\_ Profession: \_\_\_\_\_

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

6. College now attending: \_\_\_\_\_ College Phone: \_\_\_\_\_ Email: \_\_\_\_\_

COLLEGE Address: \_\_\_\_\_

7. Current class standing: Sophomore Junior Senior 8. Major \_\_\_\_\_ Minor: \_\_\_\_\_

9. How many college Spanish courses have you completed? Beginning Intermediate Advanced 10. Cum. GPA: \_\_\_\_\_

11. Are you on Financial Aid? yes no \_\_\_\_\_

12. List the names and positions of two persons (i.e. Professors, Dean of Students, Advisors, etc.) you will ask to send recommendations concerning your academic ability, character and personality. One should be your Spanish teacher.

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

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

13. Applicant's signature \_\_\_\_\_

14. Parent or Guardian's signature \_\_\_\_\_

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

16. **ACADEMIC REFERENCE.** This portion **MUST** be filled out by an Academic Dean or Academic Officer (Registrar) \_\_\_\_\_

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 Spanish program? \_\_\_\_\_ yes no

c. Will the participant receive full transfer credit for all courses in which he/she receives a grade of "C- " or better? yes no

d. If not, what is the minimal grade accepted by your institution for credit? \_\_\_\_\_

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_

Name printed or typed \_\_\_\_\_ Position \_\_\_\_\_

**Forward all material to: Professor Miguel Gil, Director • Wells College Spanish Program • Aurora, NY 13026**