Wells College
Application for Approval for Off-Campus Study
Signature Form

Name: __________________________ Email: __________________________ ID #: ____________
Major: __________________________ Academic Advisor’s Name: __________________________
Intended Off-Campus Study Program: ___________________________________________________
For (Circle One) Fall  Spring  of Year: __________
Name of Letter of Recommendation Writer: ____________________________________________
If you are applying for studying abroad: do you have a valid US passport?   yes  no
If “no,” please note the date you submitted your passport application: ______________________

Academic/Major Advisor:
Do you approve off-campus study for the applicant?   yes  no
Signature: __________________________ Date: __________________________

Off-Campus Study Coordinator:
Date of advising session: __________________________
Signature: __________________________ Date: __________________________

Registrar (please attach a copy of transcript):
Cumulative GPA:            Credits Earned:
Signature: __________________________ Date: __________________________

Director of Financial Aid:
   Check one:
   ☐ Institutional aid will apply
   ☐ Institutional aid will not apply
Comments:

Signature: __________________________ Date: __________________________
(over)
Controller:

Check one:

☐ Student not on payment plan and account balance is under $1,000
☐ Student not on payment plan and account balance is over $1,000
☐ Student on payment plan and payments are current
☐ Student on payment plan and payments are not current

Signature: ___________________________  Date: ___________________________

Dean of Students:

Does the student have any current disciplinary sanctions?  ☐ yes  ☐ no

Does the student have any past disciplinary sanctions?  ☐ yes  ☐ no

If “yes,” please explain:

Do you approve off-campus study for the applicant?  ☐ yes  ☐ no

Comments:

Signature: ___________________________  Date: ___________________________

Provost/Dean of the College:

Do you approve off-campus study for the applicant?  ☐ yes  ☐ no

Comments:

Signature: ___________________________  Date: ___________________________