



Wells College

**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: \_\_\_\_\_