

## Wells in Florence

College Permission Form
Tel: (315)364-3291 • Fax: (315)364-3257 • E-Mail: florence@wells.edu

Name:	Home institution:
I. This portion of the forn institution:	must be filled out and signed by the appropriate officer(s) at the student's home
Academic approval:	
1. Is the applicant in good a	demic standing at your institution? ☐ Yes ☐ No
2. What is the minimum nu	ber of credits the student must take while abroad?
3. What is the lowest accep	ble grade in order to be considered for transfer credit?
Disciplinary approval:	
	d responsible for any behavioral or academic misconduct at your institution resulting in rning, probation, suspension, expulsion, or other sanction? $\square$ Yes $\square$ No
If yes, please submit a state dates the sanctions were co	ent indicating the date(s) and nature of the infraction(s), the sanctions imposed, and the pleted.
5. Does the applicant have o	ficial permission to participate in the Wells in Florence Program?   Yes   No
Officer's signature	Date
Printed name	
Officer's title	
Officer's e-mail address	
II. This portion of the for	must be filled out and signed by the student:
•	misdemeanor, felony, or other crime? $\square$ Yes $\square$ No sen cleared of this conviction, you may answer NO.)
to us, explaining the date(s) from the incident(s). If you	citution checked "yes" to question number 4 above, you must submit a separate document and circumstances of all incident(s), the disposition of the incident(s), and what you learned we attended another institution and had a disciplinary record there, you must submit the n from the previous institution as well.
Student's signature	Date