



## ACADEMIC INFORMATION

Please list below the French language and literature courses you have already taken and are presently taking at your college or university.

TITLE	YEAR
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please indicate any special preparation you may have had in French (residence in France, French spoken at home, etc.)

\_\_\_\_\_

To which other junior year abroad programs are you applying?

\_\_\_\_\_

### STATEMENT FROM THE CHAIR OR MAJOR ADVISER OF THE DEPARTMENT OF THE APPLICANT'S MAJORS

My department understands that the applicant will be spending the upcoming academic year (full year or semester) in France and supports this application for study abroad.

#### 1<sup>st</sup> Major

Signature \_\_\_\_\_ Dept. \_\_\_\_\_

Please print name \_\_\_\_\_ Date \_\_\_\_\_

#### 2<sup>nd</sup> Major

Signature \_\_\_\_\_ Dept. \_\_\_\_\_

Please print name \_\_\_\_\_ Date \_\_\_\_\_

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ITS PROGRAM IF NECESSARY**

**APPLICANT'S STATEMENT**

In the space below, please tell us (in English) how you see a year of life and study in France fitting into your overall educational goals.

**PLEASE COMPLETE:**

I hereby apply for admission to Wellesley-in-Aix program. If admitted, I agree to accept the supervision and authority of the Resident Director, to conform to group regulations, and to use the French language consistently. I certify that the information given by me on this application is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WELLESLEY-IN-AIX  
RECOMMENDATION FROM AN INSTRUCTOR IN FRENCH**

Name of applicant \_\_\_\_\_

Please check one:  Fall 2009       Academic year 2009-2010       Spring 2010

**To the applicant:** Choose a teacher from a college French course you have taken who knows you reasonably well and can write a thoughtful recommendation. Fill in your name in the space above.

**NOTE:** Current federal law provides for access by students to recommendations written for them. Applicants may also choose to waive this statutory right. If you think a confidential recommendation will have more weight, sign below before giving this form to your recommender. If you wish to be able to review this recommendation, do not sign.

**I waive my right of access to this recommendation:** \_\_\_\_\_

**To the recommender:** The individual named above is applying for admission to a program of study in France. If accepted, the student will enroll in courses at the University of Aix-Marseille. We will appreciate your assessment of the adequacy of the applicant's French language skills for the proposed course of study:

	Excellent	Very good	Good	Fair	Poor
Speaking					
Writing					
Listening					
Reading					

We would appreciate your candid evaluation of this student's capacity to adjust successfully to life and study in a foreign country. Please also briefly indicate in which course or context you had the opportunity to work with the student.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_ Tel. \_\_\_\_\_

Title \_\_\_\_\_

College \_\_\_\_\_

Wellesley students should return this form to the Office of International Studies, Green Hall 337. Off campus students should return this form to Associate Director, Wellesley-in-Aix, Wellesley College, 106 Central St., Wellesley, MA 02481

**Deadlines:**

**For Wellesley Students:** February 15, 2009: For anytime during 2009-10

**For Off-Campus Students:** March 1, 2009: For Fall 09/Full Year 2009-10 and Spring 2010

**WELLESLEY-IN-AIX  
FACULTY RECOMMENDATION**

Name of applicant \_\_\_\_\_

Please check one:  Fall 2009       Academic year 2009-2010       Spring 2010

**To the applicant:** Choose a teacher who knows you reasonably well and can write a thoughtful recommendation. Fill in your name in the space above. NOTE: Current federal law provides for access by students to recommendations written for them. Applicants may also choose to waive this statutory right. If you think a confidential recommendation will have more weight, sign below before giving this form to the person writing the recommendation. If you wish to be able to review this recommendation, do not sign.

I waive my right of access to this recommendation:

\_\_\_\_\_

**To the recommender:** The individual named above is applying for admission to a program of study in France. If accepted, the student will enroll in courses at the University of Aix-Marseille. The adjustment to life abroad combined with a challenging course of study in an unfamiliar academic system can prove difficult. We appreciate your comments on the applicant's intellectual ability, academic motivation, and potential for adjusting successfully to life and study in a foreign country.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_ Tel. \_\_\_\_\_

Title \_\_\_\_\_

College \_\_\_\_\_

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**WELLESLEY-IN-AIX  
RECOMMENDATION FROM A DEAN OR ADVISER**

Name of applicant \_\_\_\_\_

Please check one:  Fall 2009       Academic year 2009-2010       Spring 2010

**To the applicant:** Give this form to your Class Dean (for Wellesley applicants), or the person responsible for approving study abroad at your institution. Fill in your name in the space above. NOTE: Current federal law provides for access by students to recommendations written for them. Applicants may also choose to waive this statutory right. If you think a confidential recommendation will have more weight, sign below before giving this form to the person writing the recommendation. If you wish to be able to review this recommendation, do not sign.

I waive my right of access to this recommendation:

\_\_\_\_\_

**To the recommender:** The individual named above is applying for admission to a program of study in France. If accepted, the student will enroll in courses at the University of Aix-Marseille. The adjustment to life abroad combined with a challenging course of study in an unfamiliar academic system can prove difficult. Specifically, some students see a year away as a means of resolving personal or domestic problems that may actually be amplified by pressure, fatigue, or anxiety abroad. We appreciate your comments on the applicant's academic and personal motivation for study in France, and on his or her potential for adjusting successfully to life in a foreign country.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_ Tel. \_\_\_\_\_

Title \_\_\_\_\_

College \_\_\_\_\_

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**WELLESLEY-IN-AIX - CONFIDENTIAL PHYSICIAN'S REPORT**

Please check one:  Fall 2009       Academic year 2009-2010       Spring 2009

**Applicant's consent****Name of applicant** \_\_\_\_\_

The individual named above is applying for admission to a program of study in France. Please provide a report on the above named applicant using the form below and in the context of his/her studying abroad.

I hereby authorize release of medical information contained in this report to the Wellesley-in-Aix program.

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Date**

How long has applicant been under your care? \_\_\_\_\_

Date of examination \_\_\_\_\_

Applicant's general state of health:      Excellent      Good      Fair      Poor

Is the applicant allergic to any food, drugs or animals?      Yes      No

Please describe

Does the applicant need special medications?      Yes      No

Please describe

Is there any impairment of vision, hearing or speech      Yes      No

Please describe

Is there any history of physical disability or emotional disturbance      Yes      No

Please describe

Is the applicant undergoing treatment for a physical/emotional condition?      Yes      No

Please describe

Please furnish any other pertinent medical information:

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name & Title \_\_\_\_\_ Tel. \_\_\_\_\_

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**PARENT'S OR GUARDIAN'S STATEMENT**

\_\_\_\_\_ has my permission to participate in the Wellesley-in-Aix program. I agree to meet the applicant's expenses for the entire period during which he or she is in the program (i.e., full academic year *or* spring semester), including all program costs and fees. I understand that Wellesley-in-Aix is in no way responsible for supporting the applicant after the program ends.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_

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## Wellesley-in-Aix Application Checklist

- \_\_\_\_\_ Three-page application form proper (including personal statement)
- \_\_\_\_\_ Form A: Recommendation from an instructor in French
- \_\_\_\_\_ Form B: Faculty recommendation
- \_\_\_\_\_ Form C: Recommendation from a dean or advisor
- \_\_\_\_\_ Confidential physician's report
- \_\_\_\_\_ Parent's or guardian's statement
- \_\_\_\_\_ Official transcript (*Wellesley College students do not need to request a transcript, they should submit the Study Abroad Application Cover Sheet to the OIS, who will request a transcript on their behalf.*). (For **full-year program**, last three semesters, showing spring semester in-progress; for **spring program**, last 4 semesters showing fall semester in-progress)
- \_\_\_\_\_ \$20 check made out to Wellesley College to cover application fee
- \_\_\_\_\_ Copy of the information page from your passport (the 2 pages that include your photo, your signature and your bio information.) N.B. Your passport must be valid for at least 3 months after you plan to return to France.