

WELLESLEY-IN-AIX
HOME SCHOOL NOMINATION FORM (for non-Wellesley College students)
Due: March 15 for Fall Semester, October 1 for Spring Semester

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To the applicant: Your application cannot be reviewed until we receive this form. Please fill out the Student Information section and submit the form for completion to your study abroad office.

STUDENT INFORMATION

NAME: _____

HOME INSTITUTION: _____ STUDENT ID#: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

Proposed term of study: ☐ Fall 2021 ☐ Academic Year 2021-22 ☐ Spring 2022

I hereby authorize the release of information needed to complete this form to the official responsible for approving my participation in this program of study abroad. I hereby waive/do not waive (circle one) my rights of access to this information.

Student's signature: _____ Date: _____

To the home institution official responsible for approving this student's participation on this study abroad program: The student listed above is applying for admission to Wellesley-in-Aix in Aix-en-Provence, France for the period indicated.

* Is this student in good academic standing? ☐ Yes ☐ No

* Has the student secured the necessary approval from your institution to study abroad?
☐ Yes ☐ No ☐ Approval not necessary

* Does this student have a disciplinary record at your institution?
☐ No ☐ Yes ☐ I do not have access to that information.

At the end of the program, Wellesley-in-Aix will send one official copy of your program transcript to your home institution. Please list the address of the office at your home institution to which the transcript should be sent.

Name: _____

Title: _____

Office: _____

Institution: _____

Address: _____

City/State/Zip: _____

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BILLING INFORMATION (Please check one)

- ☐ Please bill student directly for all costs
☐ Please bill institution for tuition only
☐ Please bill institution for all program costs

Who will pay the \$500 program deposit, due within two weeks of acceptance?

- ☐ Student is responsible for paying deposit
☐ Institution is responsible for paying deposit

HOME INSTITUTION BILLING CONTACT

Name: _____

Email: _____

Telephone: _____

HOME INSTITUTION STUDY ABROAD OFFICIAL

Dr/Mr/Ms _____

Position: _____

Department: _____

Institution: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Please submit completed forms via e-mail to wia@wellesley.edu.