

Print or type name

OHIO WESLEYAN PROGRAM IN SPAIN

Parent's or Guardian's Statement

_____ has my permission to become a member of the Ohio Wesleyan program in Salamanca under the auspices of Ohio Wesleyan University and the University of Salamanca. I agree to meet the applicant's expenses for that period.

Signature _____ Date

Address _____
Street and Number

_____ State Zip

City

Telephone number (area code included)

Relationship to candidate