



Student Referral Form

Name: _____

Date: _____

Name of Candidate Referred: _____

Semester/Year (circle):

- Spring
- Summer
- Fall

Year: _____

Program (circle):

- Premed
- Basic Science
- Clinical Science

My relationship to this candidate:

- Family
- Friend
- Coworker
- Other: _____

Referral/Date

Referee (You)/Date

***Students will be eligible for a \$300 dollars referral credit per each student that is referred. To be eligible for this discount, the student you are referring must be enrolled and have paid 1 semester's full tuition and have completed a semester of the program indicated. Once this requirement is completed, the discount will be applied to your next semester's tuition in the form of a credit. There are no limits to the number of referrals, however if the number of students referred exceed the cost of tuition, the following semester's tuition will reflect the discounts.