



STUDENT REFERRAL PROGRAM

Interested in saving on your semester tuition? If you know someone who is interested in Saint James School of Medicine, provide us with their basic contact information by completing this short referral form. If your referral enrolls at SJSM, you'll get **25% OFF YOUR NEXT SEMESTER TUITION**, and he/she will receive **\$500 towards their first semester's tuition**.

NOW THAT'S A WIN-WIN!

1 CURRENT STUDENT INFORMATION

My first name:

My last name:

Campus:

Semester:

My phone number:

My email address:

2 REFERRAL STUDENT INFORMATION

Student first name:

Student last name:

Student current mailing address:

Postal code:

Country:

Student phone number:

Student email address:

*** This form must be submitted prior to the referral's application date to be valid.**

Please submit this referral to info@mail.sjasm.org. Thank you!