



FRIENDS AND FAMILY REFERRAL FORM

STUDENT ID # _____ DATE _____

CURRENTLY ENROLLED STUDENT NAME _____

REFERRAL LIST

LAST NAME	FIRST NAME	PROGRAM	QUARTER/YEAR	AMOUNT

TOTAL: _____

FOR ADMINISTRATIVE OFFICE USE ONLY

Verified by Director of Admissions:

Signature _____

Date _____

Approval request by Director of Finance:

Signature _____

Date _____

Approved by Dean of Administration:

Signature _____

Date _____

RULES AND REGULATIONS:

1. New applicants must write the name and ID# of the current CALUMS student referring to the university on page 2 of the application under "referral".
2. New student must enroll, register and pay full tuition for the first quarter.
3. Current student will submit this completed form to the Director of Admissions for review/approval.
4. Once approved, the compensation will be granted within approximately 30 days from the approved date to the current CALUMS student.
5. Compensation will be \$100 gift card per enrolled student.
6. Tuition credit will be prohibited.