



Office of Admissions
Bridge Program Referral Form

STUDENT INFORMATION

First Name

Middle Name

Last Name

Social Security Number: _____ - _____ - _____

Mailing Address: _____

Street Address/Apartment # (if applicable)

City

State

Zip Code

Email Address: _____

Telephone number: _____

Completed number of college credits (if none, list 0): _____

Intended Major: _____

Has the student completed a Lander University application? Yes No

Term student plans to enter Lander University? Summer Fall Spring _____
Year

REFERRAL INFORMATION

Printed Name _____ Date _____

College/Department _____

Contact Information _____

Telephone Number

Email

Return to:

Bridge Program Coordinator
Office of Admissions
Lander University
Greenwood, SC 29649

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