



ERSKINE
C O L L E G E

Forever Connected
CHRIST | LEARNING | LIFE

Bridge Program Referral Form

STUDENT INFORMATION

First Name (circle your preferred 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): _____

Have you completed an Erskine College application? Yes No

When do you plan to enter Erskine College? Summer Fall Spring _____
year

REFERRAL INFORMATION

Printed Name _____ Date _____

College/Department _____

Contact Information _____
Telephone Number Email

Return to:

Cory Young
Bridge Program Coordinator
Office of Admissions
P. O. Box 176
Erskine College
Due West, SC 29639

Phone: 864-379-8838
Fax: 864-379-3048
Email: young@erskine.edu