

## **Student Referral Form**

Applicant's name:_				
	(First)	(MI)	(Last)	
Applicant's expecte	d entrance term:_			
Referring student's	name:(First)	(MI)	(Last)	
	(11130)	(1411)	(Last)	
Referring student's	current semester:_			
Student ID number:				
*Referring	g student must be a current act	tive Aultman College student*		
Applicant's signatur	·•·			
7 (ppilearit 3 signatar	·			Date
Referring student's	signature:			Data
				Date
Referring student - I	Please select one:			
<b>□</b> \$50 A	aully's Nest certifica	te		
<b>□</b> \$50 G	Bas card			

Both students **must** sign and complete the form in order to be submitted and processed. Please submit to the main office.

In order for referring student to receive compensation, the new students must remain an active student until the add/drop period of their first semester. If referring student has graduated from Aultman College by the new student's add/drop date, compensation will be mailed to the address on file.

Please contact Jennifer Bradley at 330-363-9374 with any questions.