



## STUDENT REFERRAL FORM

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle (INITIAL) \_\_\_\_\_

Program of Study	<input type="checkbox"/> Master of Business Administration (MBA)	
Applying Quarter/Year	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall / Year: _____	
Did someone REFER you to this School?	<input type="checkbox"/> YES, I was referred by someone.	<input type="checkbox"/> NO, I was not referred by anyone.
	If you answered YES, please specify the name and contact details of the person who referred you: _____ <b>Last Name:</b> _____ <b>First Name:</b> _____ <b>Phone Number:</b> _____ <b>Email Address:</b> _____	
Is the person a student, former student, or an alumni of this School? <input type="checkbox"/> YES, he/she is currently a student at CTU <input type="checkbox"/> YES, he/she is a CTSB alumni or former student <input type="checkbox"/> NO, he/she is not connected with CTU.		If you answered NO, how did you hear about our school? <input type="checkbox"/> Internet Search <input type="checkbox"/> School Website <input type="checkbox"/> Social Media (Facebook, Twitter, Instagram) <input type="checkbox"/> School Orientation or School Event <input type="checkbox"/> Brochures / Pamphlets / Flyers / Posters <input type="checkbox"/> Print Advertisement (Newspaper/ Magazines) <input type="checkbox"/> Others, please specify: _____

\*\* Note: As of Fall 2023 quarter, referral fees are provided only after the student has completed 2 full quarters of study

Applicant's Name	Signature	Date
Name of School Official	Signature	Date