



CALIFORNIA TRINITY UNIVERSITY

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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: _____ Last Name: First Name: Phone Number: _____ Email Address: _____ | 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: _____ |
| | 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. | |

** 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