



# STUDENT REFERRAL FORM

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

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

Applicant's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of School Official \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_