



Office of Admissions  
**Bridge Program Referral Form**

**STUDENT INFORMATION**

\_\_\_\_\_

First 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): \_\_\_\_\_

Has the student completed a Presbyterian College application?      Yes      No

Term student plans to enter Presbyterian College?      Summer      Fall      Spring      \_\_\_\_\_  
Year

**REFERRAL INFORMATION**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

College/Department \_\_\_\_\_

Contact Information \_\_\_\_\_

Telephone Number

Email

**Return to:**

Bridge Program Coordinator  
Office of Admissions  
Presbyterian College  
Clinton, SC 29325

phone 864.833.7113  
fax 864.833.8195  
admissions@presby.edu