

Lander University Bearcat Bound Bridge Program Enrollment Form

Student Information

First Name	Middle Name	Last Name
Date of Birth	Telephone	number
Mailing Address		Apt # (If applicable)
CityS	tate	Zip Code
Email Address	Complete	d number of college credits (if none, list 0)
Anticipated # of college credits before transferri	ng (must be at least 30)	Have you ever applied to Lander before?YesNo
Intended Lander Major		
Technical college you are or will be attending		
Term student plans to enter Lander inSu	ımmerFallSpring	Year
Bearcat Bound Program Referral Information		
Complete this section with your advisor if you ar at least one semester from now.	e a current technical college stude	nt working with a technical college advisor to transfer to Lander
Advisor Name		Date
College and Department		
Contact Information		
Telep	none Number	Email
By signing this document, I accept the following	conditions:	
		ne institution listed above for admission into the Bearcat Bound ns for further instructions for admission to that college.
		h one another, including but not limited to academic transcripts, the technical college for completion of an associate's degree.
I will complete at least 30 hours of non-developmental coursework at the technical college with at least a 2.0 GPA before transferring to Lander.		
Printed Name		
Signature		Date