



Office of Undergraduate Admissions

Bridge Program Referral Form

STUDENT INFORMATION

Student Last Name Student First Name Student Middle Name

Social Security Number (optional) _____ - _____ - _____

Mailing Address _____
Street address/Apartment # (if applicable)

City State Zip

Email Address _____

Telephone # _____

College student is currently attending/planning to attend _____

Completed number of college credits (if none, mark 0) _____

Has the student completed a USC application? Yes No

Term student plans to enter USC: (choose one) Summer Fall Spring _____
Year

REFERRAL INFORMATION

Printed Name _____ Date _____

College/department _____

Contact Information _____
Phone Email

Return to:
Bridge Program Coordinator
Office of Undergraduate Admissions
University of South Carolina
Columbia, SC 29208

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