



**Lander University/Technical College
BRIDGE Program
Office of Undergraduate Admissions**

Student Information:

First Name Middle Name Last Name

Date of Birth _____

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

City State Zip Code

Email Address _____

Telephone number _____

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

Anticipated number of college credits before transferring (must be at least 30) _____

Intended Lander Major _____

Technical College you are or will be attending _____

Term student plans to enter Lander: Summer Fall Spring _____
Year

Type of Referral:

____ Self-referral (student requested to participate in the program)

____ Advisor Recommendation (advisor recommended that the student participate in the program)

____ Invitation (student was invited to participate in the Bridge program after applying to Lander)

Bridge Program Referral Information:

Complete this section if you are a current technical college student working with a technical college advisor to transfer to Lander at least one semester from now.

Advisor Name _____ Date _____

College and Department _____

Contact Information _____
Telephone Number Email

By signing this document, I accept the following conditions:

I authorize Lander University to send my application and academic credentials to the institution listed above for admission into the Lander University Bridge Program.

I authorize Lander University and the chosen Technical College to share my information with one another, including but not limited to academic transcripts, grades, and courses.

I will complete at least 30 credit hours of non-developmental coursework at the chosen Technical College and maintain at least a 2.0 GPA before transferring to Lander University.

Printed Name

Signature

Date

Return to:

Sydney Crawford
Bridge Program Coordinator
Office of Admissions
Lander University
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320 Stanley Avenue
Greenwood, SC 29649

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