

AICU STUDENT REFERRAL FORM



SCHOOL DIVISION *(Please check school of the student referred):*

- Adonai Theological Seminary (ATS)
 Adonai Theological College (ATC)
 Adonai Biblical Institute (ABI)

REFERRAL CREDIT/FEE:

\$45.00 for each student referred to ATS/ \$35 for referral to ATC / \$25 for referral to ABI

This referral program is only available to current students and graduates of AICU. This form must be submitted after the newly referred student is enrolled and has been in the program for 30 days.

YOUR NAME: _____

NAME OF STUDENT REFERRED: _____

REFERRED STUDENT'S DATE OF ADMISSION: _____

PROGRAM OF STUDY: _____

Your Contact Information

Address: _____

Phone 1: _____ Phone 2: _____

Email: _____

CHECK ONE: I'm a current student I'm a graduate

The Referred Student's Contact Information

Address: _____

Phone 1: _____ Phone 2: _____

Email: _____

FOR CURRENT STUDENTS: I understand that the newly referred student must be in the program for 30 days before I can be eligible for the referral credit toward my tuition. **FOR GRADUATES:** I understand that the newly referred student must be in the program for 30 days before I can be eligible to receive one of the following (Please check): **1.** Referral credit towards my tuition for a new program (Returning students) **OR 2.** Payment of the referral fee (Non-returning students).

SIGNATURE: _____ DATE: _____

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FOR OFFICE USE ONLY:

Referral Verified: Yes No Date of Verification: _____ Credit/Fee: _____