TRiO

TRiO Referral Form

Student Name: _____

Student Contact Info:

- Telephone Number: (_____) _____
- E-mail Address: _____

Referring/Transferring Institution: _____

Referring/Transferring Program: _____

Please check eligibility from transferring TRiO Project:

❑ First generation
❑ Low-Income
❑ Disability

Please complete if applicable:

High School GPA _____   Academic Need: _____

ACT Composite Score _____   College GPA: _____

SAT Composite Score _____

NOTE: *List any additional criteria your program may use to qualify the applicant for acceptance into your program.*

Comments:

_____

_____

_____

_____

_____   _____
TRiO Staff Signature   Title

                                                     _____
                                                     Date

TRiO Referral Form.doc