BAU
Bay Atlantic
University

FOR REFERRED STUDENT:

Student ID		Starting Semester/Session		Request Date		/ /
Name of Student			Email Address			
	First Name	**Last Name**				

Please indicate the current referred student program of study: ☐ ESL Program   ☐ Undergraduate   ☐ Graduate

Program	

FOR WHO REQUESTING THE REFERRAL FEE:

Name			Email Address	
	First Name	**Last Name**		

Please indicate your relationship with the university: ☐ BAU Current student   ☐ BAU Alumni   ☐ External Referrer

* FOR BAU CURRENT STUDENTS:

Student ID		Current Semester	

Please indicate your current program of study: ☐ ESL Program   ☐ Undergraduate   ☐ Graduate

PAYMENT DETAILS:

Make Check Payable to:		ZIP Code:	
Mailing Address			

Referrer Signature		Date	/ /

FOR ADMINISTRATIVE USE ONLY:

Admissions Department:

Director of BAU Admissions or Mentora ESL College Signature		Date	/ /

Finance Department:

Total Amount Due: _____

Bursar Approval		Date	/ /