

# AICU STUDENT REFERRAL FORM

*(Feel free to duplicate this form for multiple use.)*



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

- Adonai Theological College and Seminary (ATCS)
- Adonai College of Practical Theology (ACPT)
- Adonai Biblical Institute (ABI)
- Adonai School of Ministry (ASM)

**REFERRAL FEE:**

\$40 for each student referred at ATCS, ACPT & ABI. / \$20 for each student referred at ASM.

This form must be submitted after the newly referred student is enrolled and has been in the program for 60 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: \_\_\_\_\_

**The Referred Student's Contact Information**

Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

I understand that the student must be in the program for 60 days before I can be eligible for the payment of referral fee or credit toward my tuition balance. I understand that the referral fee is paid if my tuition is paid in full, unless I request that the fee be credited to my AICU account toward a future program. I also understand that if I'm on a monthly payment plan at AICU, the referral fee will be credited to my tuition balance.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Referral Verified:  Yes  No      Date of Verification: \_\_\_\_\_