

**Jamestown College
Faculty/Staff
Prospective Student Referral Form**

Date _____

Student Name _____

Student Address _____

Student City/State/Zip _____

Student Phone _____

Student email (if known) _____

High School _____ Graduation Year _____

Academic Interests (if known) _____

Co-curricular activities (if known) _____

Other information: _____

Relationship to you: _____

Date _____

Student Name _____

Student Address _____

Student City/State/Zip _____

Student Phone _____

Student email (if known) _____

High School _____ Graduation Year _____

Academic Interests (if known) _____

Co-curricular activities (if known) _____

Other information: _____

Relationship to you: _____

Name of person referring student _____

May we mention your name when contacting the student? _____ Yes _____ No