

STUDENT REFERRAL FORM

Student Referral Form

Use this form to recommend a prospective student to Valparaiso University. We'll take care of the rest. E-mail us with questions or comments at admissions.network@valpo.edu.

Student Information

First Name: Middle Initial: Last Name:

Street:

City: State: Zip:

or Country, if other than USA:

Parent/Guardian Name(s):

High School Name:

City: State: Year of Graduation:

Student's Email:

Student's - -

Phone:

Academic/career interests (if known):

Activities/sports (if known):

Ethnic Background (optional):

No Answer African American Asian/Pacific Islander Caucasian Hispanic/Latino Native American Other

Referred By:

First Name: Middle Initial: Last Name:

Street:

City: State: Zip:

or Country, if other than USA

Phone: - - Class of:

Email:

Relationship to Student:

Write other comments below. If you do not know the student personally, tell us how you learned of him/her.