



Anderson University Bridge Program Enrollment Form

Student Information

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Telephone number _____

Mailing Address _____ Apt # (If applicable) _____

City _____ State _____ Zip Code _____

Email Address _____ Completed number of college credits (if none, list 0) _____

Anticipated # of college credits before transferring (must be at least 30) _____ Have you ever applied to Anderson before? Yes No

Intended AU Major _____

Technical college you are or will be attending _____

Term student plans to enter Anderson in Summer Fall Spring Year _____

Referral Information

*Complete this section with your advisor if you are a **current** technical college student working with a technical college advisor to transfer to Anderson University at least one semester from now.*

Advisor Name _____ Date _____

College and Department _____

Contact Information _____
Telephone Number _____ Email _____

By signing this document, I accept the following conditions:

I authorize Anderson University to send my application and academic credentials to the institution listed above for admission into the AU Bridge Program. I am responsible for contacting the technical college's Office of Admissions for further instructions for admission to that college. I authorize Anderson University and the technical college to share my information with one another, including but not limited to academic transcripts, grades, and courses. This information may be used for reverse transfer of hours to the technical college for completion of an associate's degree. I will complete at least 30 hours of non-developmental coursework at the technical college with at least a 2.0 GPA before transferring to Anderson University.

Printed Name _____

Signature _____ Date _____