



Lander University/Technical College

BRIDGE Program

Office of Undergraduate Admissions

Please complete the following information allowing Lander University to release your Lander University application for admission and academic credentials to our Bridge Program partner.

First Name

Middle Name

Last Name

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

Technical College you plan to attend: _____

I authorize Lander University to send my application and academic credentials to the institution listed above for admission into the Lander University/Technical College Bridge Program. I authorize Lander University to share information about me with the technical college I have listed above.

Signature

Date

Return to:

Gavin Bethea
Asst Director/Transfer Coordinator
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Lander University
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Greenwood, SC 29649

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