

The University of the Republic

***NOTE: THIS FORM SHOULD BE COMPLETED BY THE OFFICIAL STUDENT REFERRING A CANDIDATE**

***Instruct Candidate to complete the Referred Student Declaration form and submit to the University of the Republic**

Official Student Referring:

Name: _____ WGI ID #: _____
first middle last

Signature: _____ Date: _____

Referred Candidate:

Name: _____ DOB: _____
first middle last

Program Focus: (circle one) Humanities / Liberal Arts / Religion / History / Music / Literature / Philosophy / Education Psychology

Program Level: (circle one) Associate Bachelor Master

Signature: _____ Date: _____

***NOTE: This form will be compared to Referred Student Declaration forms received to match the referred candidate with the referring student.**

YOU ARE ONE STEP CLOSER TO EXCELLENCE



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