



STUDENT SUPPORT SERVICES

# BUNKER HILL COMMUNITY COLLEGE TRIO Support Services REFERRAL FORM

PLEASE FILL OUT THE INFORMATION BELOW AND PRINT CLEARLY

DATE:

Referring Advisor NAME:

Referring Advisor EMAIL:

Referring Advisor PHONE NUMBER:

TRIO Program/ Community Agency/High School/College:

Student NAME:

Student EMAIL:

Student PHONE NUMBER:

Student BHCC ID NUMBER (if known):

First term and year at BHCC:

When did they graduate OR expect to graduate?

Will the student have transfer credits?  Yes  No  Unknown

Is the student Pell eligible?  Yes  No  Unknown

Is the student a first-generation student?  Yes  No  Unknown

Additional information that may be relevant in assisting the student:

Signature of referrer:

