



Faculty of Business Referral Form

This page to be completed by the alumnus or current student and submitted to Jason Barfoot, Graduate Programs Office, Faculty of Business, Brock University, St. Catharines ON L2S 3A1. Fax number 905-688-4286.

Please note the referral program is not available to applicants who apply through an authorized FOB agent.

Contact Information of Referrer

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
Work Phone	
E-Mail Address	
Year and program of Graduation	
Social Insurance Number	
Brock Student Number	

Contact Information of applicant being referred

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	

Program student is applying to

MBA ISP IMAcc

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if the applicant is admitted, registers and pays their tuition fees in full that I will receive a \$500.00 referral fee. I am also aware that any false statements, omissions, or other misrepresentations made by me on this application will result in nullification of this agreement.

Name (printed)	
Signature	
Date	

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of *The Brock University Act, 1964*, and in accordance with the *Freedom of Information and Protection of Privacy Act (FIPPA)* for the administration of the University and its programs and services. Direct any questions about this collection to the Director, of the Graduate Programs Office, Faculty of Business at Brock University at (905)688-5550 ext 4156 or see <http://brocku.ca/business>

For inquiries please use our communications portal to contact us at <https://portal.bus.brocku.ca/>



Faculty of Business Referral Form

This page to be completed by the prospective student and submitted with their complete application package to Jason Barfoot, Graduate Programs Office, Faculty of Business, Brock University, St. Catharines ON L2S 3A1.

Please note the referral program is not available to applicants who apply through an authorized FOB agent.

Contact Information of Applicant

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
E-Mail Address	

Contact Information of Alumnus/Current Student

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
E-Mail Address	

Program I am applying to

MBA ISP IMAcc

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am admitted, register for courses and pay the tuition fees in full, the aforementioned referrer is eligible for a \$500.00 referral fee. I am also aware that any false statements, omissions, or other misrepresentations made by me on this application will result in nullification of this agreement.

Name (printed)	
Signature	
Date	

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