



CALIFORNIA MIRAMAR UNIVERSITY

STUDENT REFERENCE SHEET

Please provide three references with different U.S. addresses. The first reference should be a parent or a legal guardian.

Full Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: _____

Email Address: _____

Relationship to Student: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: _____

Email Address: _____

Relationship to Student: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: _____

Email Address: _____

Relationship to Student: _____

I authorize California Miramar University permission to contact the above references in the event my contact information on file is invalid.

Student Name: _____

Signature: _____ Date: _____

3550 Camino Del Rio North, Suite 208 San
Diego, CA 92108
Phone: 858-653-3000 Fax:
858-653-6786