

## Compton College Virtual Summer Bridge Application

	First	MI:
ADDRESS		
CITY		ZIP CODE
PHONE: ()	EMAIL	
CELL: ()		BIRTHDATE MM / DD / YYYY
COMPTON COLLEGE STUDENT ID #		
EDUCTIONAL GOAL	MAJOR_	HS GPA
Transfer to a four year university		(Must have GPA of 3.2 or higher) YES
Associate Degree	Date Taken	en Grade Received
Vocational/Certificate Program Unknown	Last Math Course Taker	ı Grade Received
I,	give permission to Cor (e.g. test scores, college and high	npton College to secure the necessary information fo h school transcripts, and grade reports). Compton College to release to faculty and staff any
information pertinent to my success and my par	icination in this program	
		Date
Signature  Please return completed appl  CON		ummerbridge@compton.edu
Signature	ication via email to s	ummerbridge@compton.edu  SE ONLY