



**FYRE and Summer Bridge Student Testimonial Waiver Form**

**Winter 2019**

**Student Name:** \_\_\_\_\_

**Student NetID:** \_\_\_\_\_

**UCI Email:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Program:**

**FYRE**    **Summer Bridge**

**The following testimonial type you submitted:**

Short Bio about Yourself    Memorable/Impactful/Most Beneficial Moment at UCI

How Your Program (Summer Bridge or FYRE) has Benefitted You

**The following workshop/event you would like to waive/be excused from:**

Peer Mentor End of the Year Celebration    Peer One-on-One Meeting

Monthly Program Meeting

**Month of the event you would like to waive/be excused from:**

January    February    March

**\*Student Signature:** \_\_\_\_\_