



FYRE and Summer Bridge Student Testimonial Waiver Form

SPRING 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:

April May June

***Student Signature:** _____