



CALIFORNIA CAREER SCHOOL

Our Students Drive Our Success!

1100 Technology Circle • Anaheim, CA 92805 • (714) 635-6585 • fax (714) 635-6596

WWW.CALIFORNIACAREERSCHOOL.EDU

OFFERING QUALITY VOCATIONAL TRAINING SINCE 1970

EXCLUSIVELY FOR CCS ALUMNI

REFER –A–FRIEND BONUS PROGRAM

You could be eligible to earn up to \$100
by telling a friend about your success at

CALIFORNIA CAREER SCHOOL

The more friends you tell...the more you could earn!

REFER –A–FRIEND RULES

1. Referrer must be a verified CALIFORNIA CAREER SCHOOL (CCS) ALUMNI with account in good standing to be eligible.
2. A student may not refer him/herself and non-CCS Alumni will not be eligible for bonuses for his/her referral.
3. Referee must be a new student to CCS and enroll in one of the qualifying programs below.
4. Referrals are on a first come basis and referee may not be referred by more than one person.
5. If the Referrer receives a referral discount on his/her enrollment for this referee, he/she will be ineligible for this bonus.
6. Refer-A-Friend form must be provided to CCS admissions advisor prior to enrollment. Post notifications will not be accepted.
7. Referral bonus will be paid in 30-days of Referee's successful completion of course.
8. Bonuses will be mailed to the alumni's address on file. Please contact CCS registrar office if you need to update your mailing address.
9. CCS reserves the right to withhold refer-a-friend bonus for any reason and to change the rules of the program or cancel the program at anytime without notification.
10. CCS employees and representatives are ineligible.

REFER –A–FRIEND FORM

DATE: _____

CCS ALUMNI NAME: _____

LAST 4 Digits of
ALUMNI SSN: _____

ALUMNI Program: _____

ALUMNI Training
Location: _____

ALUMNI Graduation Date: _____

Your Friend's Full Name: _____

Your Friend's Phone #: _____

Program of Interest: ALL CAMPUSES

Your Friend's City of
Residence: _____

TRUCK BUS

Your Friend's Email: _____

ANAHEIM CAMPUS ONLY

HOMELAND SECURITY

AUTO CNC

I have read the Refer-
A-Friend Rules: YES NO

FOR OFFICE USE ONLY:

Referral Approved: YES NO, REASON: _____

Referral Approved by: _____ Program Enrolled: _____

Enrollment Date: _____ Projected Completion Date: _____

Actual Completion Date: _____ Date Referral Check Mailed: _____