

Community Partner Verification Letter

Organization Name:	12. Georgia State University
Partner Liaison:	Felisha Norrington
Partner Liaison Email:	fnorrington@gsu.edu
Partner Liaison Phone:	(404) 413-1000
Applicant Name:	

I attest that the student above is currently affiliated with my organization to be eligible for the Bridge Program.

The student is applying during the following (please select the one applicable option):

- Reapplication Period
- Open Enrollment Period
- Special Enrollment Period – Enrollment with a Community Partner
- Special Enrollment Period – Other

Partner Liaison Signature

Date