

PERSONALIZED CAMPUS VISIT



PERMISSION SLIP

Name: _____

You have a campus visit set up at: _____

Date: _____

Time: _____

Program of Study (Major): _____

You will be meeting with:

- Admissions
- Financial Aid
- Advisor in your Program of Study
- Campus Tour/Residence Halls

Number (at the university or institution) to call if plans change: _____

Take a notebook/pen in order to write things/names/etc. down.

Have food with you (i.e. granola bars, etc. in case you don't have time to eat).

Soak up all the information and have fun!!

Mrs. Eilert

Parent's Name (Printed): _____

Parent's Signature: _____

Date: _____

***This form MUST be turned into Mrs. Eilert at least 24 hours prior to the visit in order for the visit to be excused. Thank you!