

MORRIS COLLEGE
OFFICE OF ADMISSIONS AND RECORDS
100 WEST COLLEGE STREET
SUMTER, SOUTH CAROLINA 29150-3599, Fax (803) 773-8241

Campus Visitation Request Form

(Please Print)

Date: _____

Name of contact person: _____

Telephone number: Contact No. _____ Fax _____ Cell _____

Mailing Address: _____ City/State: _____ Zip: _____

Tour Days/Time - Tuesday-Wednesday-Thursday (10:00 am - 1:00 pm)

DATE OF VISIT

1. 1ST Choice: Arrival time and date: _____
2. 2nd Choice: Arrival time and date: _____

TOUR GROUP INFORMATION

TOTAL NUMBER OF PEOPLE IN GROUP: _____

Adults: _____ Seniors (H S) _____ Juniors (H S) _____

Sophomores (H S) _____ Freshmen (H S) _____

MEET WITH:

Admissions Staff: Yes _____ No _____ Financial Aid Staff: Yes _____ No _____

Other areas of interest: _____

NOTE: *Tour groups that arrive later than 1 hour of scheduled time cannot be guaranteed planned program.*

DO NOT WRITE BELOW THIS BLOCK

Dear Sir/Madame: Your visit has been confirmed for campus visitation with Morris College. We will expect you and your party of _____ to arrive on _____ at _____ and depart on _____ at _____. While you are here, the services that you requested will be provided.

Your Morris College point of contact is: _____

Point of Contact's Phone Number