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