



TRANSFORMING LIVES. INSPIRING SUCCESS. REALIZING DREAMS.

SCHOOL / CAMPUS EVALUATION

SCHOOL NAME: _____ SCHOOL LOCATION: _____ VISIT DATE/TIME: _____

AT THIS SCHOOL I AM ATTENDING OR HAVE ATTENDED A:

GUIDED TOUR SELF-GUIDED TOUR INFORMATION SESSION MEETING WITH COLLEGE REP

SCHOOL CONTACT NAME:	CONTACT TITLE:	CONTACT PHONE:	CONTACT EMAIL:
----------------------	----------------	----------------	----------------

QUESTIONS I DEFINITELY WOULD LIKE ANSWERED: (complete before campus visit)

1. _____
2. _____
3. _____
4. _____
5. _____

CAMPUS TOUR NOTES

FIRST IMPRESSIONS:

CAMPUS ATMOSPHERE / LAYOUT / BEAUTY:

ACADEMICS AND ADMISSIONS:

CLASSROOMS / CLASS BUILDINGS:

DORMS / STUDENT CENTERS:

SPORTS AND ACTIVITIES:

OTHER NOTES:

AFTER VISIT:

3 THINGS I LIKED THE MOST:

- 1.
- 2.
- 3.

3 THINGS I LIKED THE LEAST:

- 1.
- 2.
- 3.

FINAL IMPRESSIONS: