



Campus Tour Request Form

Guided Tours from Student Ambassadors

Individual Tour

Contact Last Name: _____ First Name _____

Group Tour

Group Name: _____

Contact Email: _____ Phone Number: _____

Number in Group: _____

Requested Tour Date: _____ Time: _____

LOCATION(S) OF INTEREST:

RESIDENCE HALLS

PERFORMING ARTS

SCIENCE BLDG

STADIUM

FIELD/SPORTS

FIRE TOWER

PROGRAM(S) OF INTEREST:

(If you are interested in any particular program / major please enter here)

SPECIAL NOTES:/COMMENTS: (If you require additional assistance and/or accommodations, related to a disability, please describe here.)

OFFICE USE ONLY

APPLIED TO COS

COMPLETE FASFA

LODGE APPLICATION

Confirmed Tour Date _____ Time _____ Assigned to _____