GROUP VISIT REQUEST FORM

Thank you for your interest in visiting Mount St. Joseph University!
Please complete this form and return it to the Office of Admission by fax 513-244-4629.
An admission representative will follow up with your request. With questions, call 513-244-4531.

Today’s Date:________________
Contact Name:______________________________ Phone:________________ E-mail:______________________________
School/Organization:_______________________________________________
Address:___________________________________________________________________________

Visit Details
Preferred Date(s) of Visit:____________________________
Time of Visit: Start Time__________ End Time__________

1. What is the purpose of your visit?

2. What type of agenda do you have in mind?

3. What facilities would you like to see or use during your visit?

4. What kind of preparation will the students have before they arrive?

5. What do you hope that your students will learn from their visit experience?

6. Has your group visited other colleges? Is your group planning to visit other colleges?

Additional Group Information
Number of Students:__________________
Grade(s) of Students:_________________
Number of Chaperones:_______________
Traveling by Bus: Yes/No________ Number of Buses:________