MEDGAR EVERS COLLEGE

OF THE CITY UNIVERSITY OF NEW YORK

1665 Bedford Avenue
Brooklyn, New York 11225
(718) 270-6024
Fax (718) 270-6411

CAMPUS TOUR REQUEST FORM

Thank you for choosing to visit Medgar Evers College of the City University of New York. To help us better serve you, please complete all information listed below and return the form to the Admissions Office. You will receive a confirmation of your visit once your request has been processed. Again, thank you for choosing Medgar Evers College, where "we create success, one student at a time."

(Please Print Clearly)

Name of Organization: _____

Name of Contact person: _____ Phone:_____

Fax: # _____ Email Address: _____

		Day	Date	Time
Day, Date and time of intended visit:	1)	_____	_____	_____
(Please list three choices)	2)	_____	_____	_____
	3)	_____	_____	_____

Number of students attending: _____ Number of Chaperones: _____

Special Request:

_____

_____

_____

Admissions Office use only

Date request received: _____ Date Confirmed for Tour: _____

Staff Person Assigned to Tour:_____

Comments:

_____

Request Processes by: