COMPLETE BEFORE CAMPUS VISIT				
STUDENT:			PHONE:	
HIGH SCHOOL:			ATS ADVISOR:	
COLLEGE VISITING:				
I believe this would be a worthwhile campus visit for the above named student.				
H.S. Counselor Signature:				
COMPLETE AT CAMPUS VISIT				
COLLEGE/UNIVERSITY/SCHOOL VISITED:				
LOCATION:				
SIGNATURE OF COLLEGE/SCHOOL PERSONNEL:				
TITLE: (Please attach business card)  (Admissions Counselor, Faculty Member, etc)				
The above named student visited our campus on: (date).				
MILEAGE REIMBURSEMENT				
	Odometer Start: Total mile	age:		
	Amount Requested: (miles X \$0.625) (Maximum of \$100 for any campus visit, no reimbursement for meals. Limit of two visits to the same college to obtain information about admission to the institution.)			
	ATS Advisor's Signature:			

Please remember to complete the green
John Wood Community College Expense Statement
and be sure to SIGN IT!