



ACADEMIC TALENT SEARCH

CAMPUS VISIT FORM

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: _____ End: _____

Total mileage: _____

Amount Requested: _____ (miles X \$0.70)

(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!