



Senior to Sophomore/Campus Visit Request Form

NAME: _____ SCHOOL: _____

SCHOOL PHONE: _____ E-MAIL ADDRESS: _____

SENIOR TO SOPHOMORE COURSE: _____

SCSU FACULTY PARTNER: _____

Date of Proposed Visit: _____

Have you confirmed this date with your SCSU Faculty Partner? Yes ___ No ___

Other Possible Dates: _____

Number of Students Expected to Attend: _____

Expected Arrival Time: _____ Expected Departure Time: _____

What content related activities have you planned with your SCSU Partner: _____

Do you wish to include a library instruction and research session during your visit?

Yes ___ No ___

Do your students have their S2S ID cards with Tech IDs? Yes ___ No ___

Other: _____

Date submitted: _____

Please save a copy for your use and then click here to submit:

SUBMIT