



Campus Tour Request Form

Guided Tours from Eagle Ambassadors

Individual Tour

Last Name: _____ First Name _____

Group Tour

Group Name: _____

Email: _____ Phone Number: _____

Number in Group: _____

Requested Tour Date: _____ Time: _____

Location(s) of Interest:

- | | | |
|--|--|---|
| <input type="checkbox"/> Residence Halls | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Science Building |
| <input type="checkbox"/> Stadium | <input type="checkbox"/> Field/Sports | <input type="checkbox"/> Fire Tower |

Program(s) of Interest:

(If you are interested in any particular program, major please enter here)

Special Notes/Comments:

(If you require additional assistance and/or accommodations, related to a disability, please describe here.)

Office Use Only

- | | | |
|---|---|--|
| <input type="checkbox"/> Applied to COS | <input type="checkbox"/> Complete FAFSA | <input type="checkbox"/> Lodge Application |
|---|---|--|

Confirmed Tour Date: _____ Time: _____ Assigned to: _____