

CAMPUS VISIT JOURNAL

Don't let your campus visits blur together!
Write down your thoughts while the experience is still fresh on your mind.

School: _____ City/State: _____
 Admissions Office Location: _____
 Tour Guide: _____ Email: _____
 Campus Visit Date: _____ Phone Number: _____
 Tour / Info Session Time: _____ am/pm Interview Time: _____ am/pm

ON-CAMPUS IMPRESSIONS Rate each category (5 being best)

	1	2	3	4	5
Grounds / Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Buildings / Class Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library / Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size / Energy / People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria / Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Club / Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Impressions: _____

THE INTERVIEW

Interviewer's name and title: _____
 Email: _____

What did I learn about the school: _____



OFF-CAMPUS LIFE

(i.e. music, movies, shopping, restaurants, cafes, art, theater, events)

 Near campus: _____

 City Highlights: _____

 Outdoor Activities Nearby: _____

 Transportation Options: _____

OVERALL ASSESSMENT

What I like most: _____

What I like least: _____

Level of academic challenge? Just right Too difficult Too easy
 Would I feel comfortable here? Yes No
 why: _____

Does this school have what I am looking for? Yes No
 why: _____

Should I apply to this school? Yes No Not sure
 why: _____

QUICK TAKE ON THE DAY _____



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