

Office of Graduate Admission

Campus Visit Request Form

Personal Information

Last Name:	First Name:			Middle I:
Preferred Name/Nickname:				
Date of Birth: Month	Day:	Year:	Gen	der: O Female O Male
Mailing Address:				
City or Town:	State or	Province:	ZIP or Pos	stal Code:
Country:	Email address:			
Cell Phone Number: ()		Home Phone Nu	mber :()	
Academic Information				
Anticipated Start Term:	Intended	Program of Study	y:	
Visit Details				
Campus visits are scheduled on an alternate dates in the space below availability.		•	, ,	
Preferred Visit Date: Month	Day:	_Year:	Time: Morning	O Afternoon O
Alternate Visit Date: Month	Day:	_Year:	Time: Morning	O Afternoon O
Alternate Visit Date: Month	Day:	_Year:	Time: Morning	O Afternoon O
Which events would you like parti	cipate in?			
☐ Campus Tour				
☐ Admissions Counselor Appoin	tment			
☐ Departmental Advisor Appoin	tment			

Please fill out this form and email it to <u>gradadm_ambassador@seattleu.edu</u> or fax it to (206) 296-5656. Our Graduate Admissions Ambassador will contact you with details regarding your visit. If you have question and/or need special accommodations you can call us directly at (206) 220-8478.