



Campus Visit Request

Contact Information

School Name:

Contact Person	
Street Address	
City/ ST/ ZIP	
Office Phone	
Fax Number	
E-Mail Address	

Best Time for Campus Visit

Select Tour Preference

Weekday mornings

Weekday afternoons

* Tour coordinator will contact you to verify day and time

Students

Number of expected students	
Number of Chaperones	
What grade are the students in?	
Are there any special needs?	

Interests

Please tell us your interests

Admissions

Financial Aid

EOF/ OSP

Project Mentor

Residence Life

Campus Life

Athletics

Other (Please Specify)

Please return completed form to:

Veronica Garcia
 New Jersey City University
 Office of University Admissions
 2039 Kennedy Boulevard
 Jersey City, NJ 07305
 Email: vgarcia@njcu.edu
 Fax: 201-200-2044

Form must be received at least 3 weeks prior to visit

Office Use		
Tour Date:	Tour Time:	Location:
Comments:		