Campus Visit Information

Date:

Last Name:  First Name:  Middle Initial:

Prefer to be called (Nickname):

Street:

City:  State:  Zip:

Email address:

Home phone:  Cell phone:

Parents or other visitors with you:

Name and relation of any family members who have attended Gettysburg College:

Secondary School Information

School name:  State:  Graduation Year:

What other high school or college have you attended?

Academic Record

Approximate rank in class (if available):  Number of students in class:

Grade average to date:  Intended major:

Intended career objectives:

Test Records

SAT-I Total:  Evidence-Based Reading & Writing:  Math:

ACT composite score:

Activities/Employment

For Office Use Only

TG:  INFO:  INT:  COR: