

Campus Visit Information

Please complete this form and bring it with you when you come for your visit. (This is not an official record.)

Date: _____ M/F: _____

(last name) : _____ (first name) : _____ (middle name) : _____

Prefer to be called (Nickname) : _____ Date of birth: _____

Address (street) : _____

(city, state, and zip code) : _____

E-Mail: _____ Phone: _____

(cell phone) : _____

Name & relation of any family members who have attended Gettysburg: _____

Parents or other visitors with you: _____

Have you submitted an application? _____ If yes, when was it mailed? _____

High School

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: _____ Probable major fields of study: _____

Career objectives: _____

Test Records

SAT-I Critical Reading: _____ Math: _____ Writing: _____ Date: _____

SAT-I Critical Reading: _____ Math: _____ Writing: _____ Date: _____

ACT composite score: _____ SAT-II subject tests: _____

Activities/Employment

For Office USe Only

TG: _____ INT: _____ COR: _____