



## Campus Visit Request Form

Name of Your School: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

What date would you like to schedule a campus visit? \* \_\_\_\_\_

Start and end times of trip, including travel time: \_\_\_\_\_

Which college/university campus will be visited? \_\_\_\_\_

How many students will be participating? \_\_\_\_\_

What grade level is this group? (If multiple grade levels, please indicate number for each grade.) \_\_\_\_\_

What programs will be highlighted, if any? \_\_\_\_\_

Type of transportation and provider: \_\_\_\_\_

Estimated transportation cost: \_\_\_\_\_

Please remember to attach a proposed agenda or itinerary, and submit the request at least 4 weeks in advance of your trip. The last date for any campus visit is April 30, 2005.

Return completed form to Adriana Perez, Director, Cal-SOAP  
Email: [aperez@hancockcollege.edu](mailto:aperez@hancockcollege.edu) / Fax: 805-739-0045  
% Allan Hancock College, 800 South College Drive, Santa Maria, CA 93454-