

# CAMPUS VISIT JOURNAL

Don't let your campus visits blur together!  
Write down your thoughts while the experience is still fresh in your mind.

School: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Admissions Office Location: \_\_\_\_\_  
 Tour Guide: \_\_\_\_\_ Email: \_\_\_\_\_  
 Campus Visit Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Tour / Info Session Time: \_\_\_\_\_ am/pm Interview Time: \_\_\_\_\_ am/pm

## ON-CAMPUS IMPRESSIONS

Rate each category (5 being best)

	1	2	3	4	5
Grounds / Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Buildings / Class Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library / Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size / Energy / People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria / Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Club / Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Impressions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## THE INTERVIEW

Interviewer's name and title: \_\_\_\_\_

Email: \_\_\_\_\_

What did I learn about the school: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## OFF-CAMPUS LIFE

(i.e. music, movies, shopping, restaurants, cafés, art, theater, events)

\_\_\_\_\_  
 \_\_\_\_\_  
 Near campus: \_\_\_\_\_  
 \_\_\_\_\_  
 City Highlights: \_\_\_\_\_  
 \_\_\_\_\_  
 Outdoor Activities Nearby: \_\_\_\_\_  
 \_\_\_\_\_  
 Transportation Options: \_\_\_\_\_  
 \_\_\_\_\_

## OVERALL ASSESSMENT

What I like most: \_\_\_\_\_  
 \_\_\_\_\_

What I like least: \_\_\_\_\_  
 \_\_\_\_\_

Level of academic challenge? Just right  Too difficult  Too easy

Would I feel comfortable here? Yes  No

why: \_\_\_\_\_  
 \_\_\_\_\_

Does this school have what I am looking for? Yes  No

why: \_\_\_\_\_  
 \_\_\_\_\_

Should I apply to this school? Yes  No  Not sure

why: \_\_\_\_\_  
 \_\_\_\_\_

## QUICK TAKE ON THE DAY

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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