



MILES COLLEGE

Campus Tour Request Form

Date _____ / _____ / _____

Name of School/Organization _____

Prospective Student's Name _____ Age _____

Classification of Students _____

Has Student Applied for Miles College? (Please Circle) Yes No

Home (_____) - _____ - _____ Cell (_____) - _____ - _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Email Address _____

Desired Date of Visit _____ / _____ / _____

Desired Time of Visit _____ : _____ AM or PM

Tours are scheduled Monday through Friday from 9:00am until 3:00 pm. This is a walking tour and takes approximately one hour. Tours may be cancelled in case of inclement weather. This is for the safety of all parties.

For Office use only:

Date Received _____ / _____ / _____ Received By: _____