SCHOOL/GROUP VISIT FORM

School/Group Name: _______________________________________________________

Grade Level of Students: ___________________________________________________

Contact Name: ___________________________________________________________

Contact Work Number: _____________________________________________________

Contact Cell Number: _____________________________________________________

Contact Email Address: ___________________________________________________

Visit Date/Time: Campus Visits are conducted Mon-Fri from 11:00 am – 2:00 pm. Any group over 45 students will be scheduled on a Friday due to room availability. We will attempt to schedule visits at other times if requested, but it is not guaranteed. Campus visit includes a self-guided scavenger hunt or tour, depending on the age of your students. All materials will be provided.

1st Choice _____/_____/_____  2nd Choice _____/_____/_____  3rd Choice _____/_____/_____

Number of students: ________________  Number of adult chaperones: ________________

Mode of transportation to and from campus: _______________________________________

Does your group require any accommodations, such as handicap access? If so, please specify.
________________________________________________________________________________

Please describe your group’s background (STEM, AVID, etc.), interests and goals for this visit.
________________________________________________________________________________

Please provide any demographic information you feel would be helpful (1st Generation, etc.).
________________________________________________________________________________

CU Denver is not able to provide or supervise lunch. However, your group is welcome to stay on campus for lunch. There is a food court in the Tivoli Student Union where students may purchase food, or your group may choose to bring bag lunches. Please indicate your preference below so that we may tailor your agenda accordingly.

_____ Purchase lunch at food court  _____ Bring bag lunches  _____ Will not eat during visit

**Please complete this form, name the document CU Denver Campus Visit and send to donnee.brito@ucdenver.edu. If you have any questions, please call at 303-315-2622.