



## Recruiting Services VISITATION REPORT

Date of Report:	LSU Representative:
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Program:	Date of Visit:
Contact Person & Title:	
School or Institution:	
Address:	
City:	State:
Telephone:	Zip:
Contact E-Mail:	

AREA				TYPE OF VISIT			
Zone I		Zone II		Counselor		Program	
Zone III		Zone IV		Arranged		Lunch	
Zone V		Zone VI		Transfer		Other	
Texas		Mississippi					
Alabama		Florida					
Georgia		Tennessee					
Arkansas		California					
OTHER							

Minority Visit?  Yes  No

Presentation Format:  Browse  Classroom

### CONTACTS

Seniors		Juniors		Sophomores	
Freshmen		Transfer		Re-Entry	
Others (specify):					

### SCHOOLS PARTICIPATING


**OVERALL PROGRAM EVALUATION:**  Excellent  Good  Fair  Poor

Program Comments:

Should we attend in the future?  Yes  No  Maybe

Suggestions for the future:

### MATERIALS TO BE SENT (if any)

Brochures:	Applications:	Coun. Packet:	Catalog:
Other:	Other:	Other:	Other:

Send materials to the following:

*for office use only*

Received date \_\_\_\_ Init. \_\_\_\_; Materials Mailed (init) \_\_\_\_ date \_\_\_\_; Information Logged (init) \_\_\_\_ date \_\_\_\_