



Campus Visit Survey

Tuesday, February 11, 2020

Name _____ Email Address _____

Street Address _____

City, State, Zip Code _____

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

Grade _____ NHS ID # (required) _____ Date of Birth ____/____/____

Period 1 _____ Period 2 _____

PLEASE CHECK ALL THAT APPLY:

- ____ I have already applied to Ohio State Newark
- ____ I have already applied to Central Ohio Technical College
- ____ I have not applied to either college

PLEASE CIRCLE YES OR NO FOR EACH QUESTION:

- YES or NO Are you considering starting at one campus and changing to another?
- YES or NO Do you plan to get an Associate's Degree (2 year)?
- YES or NO Do you plan to get a Bachelor's Degree (4 year)?

MAJORS I AM CONSIDERING (if unknown, write "undecided")

- 1 _____
- 2 _____
- 3 _____
- 4 _____

WOULD YOU LIKE INFORMATION ABOUT ANY OF THE FOLLOWING? (check all that apply)

- ____ Student Involvement (clubs, events, activities on campus)
- ____ On-campus Job Opportunities
- ____ Recreation and Intramural Sports
- ____ Financial Aid and Scholarships
- ____ Tutoring, Study Groups, and Other Academic Support Services
- ____ Living on Campus
- ____ Disability Services
- ____ Study Abroad Programs
- ____ Honors Programs
- ____ Multi-cultural Organizations
- ____ Internship Opportunities

Please return this completed form to: A Call to College, Room G242 at NHS or NDA front desk by 1/28/20
NHS required on-line permissions and Emergency Medical Authorizations must be available by 1/28/20 also.