



FORT LEWIS COLLEGE GROUP VISITOR INFORMATION

Date of Visit: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Permission to receive text messages from FLC: Yes No

Email: _____ Date of Birth: _____

High School or College Name: _____ Graduation (month/year): _____

Ethnicity: American Indian/Native Alaskan Black/African American Asian
 Hispanic/Latino/Spanish Native Hawaiian/Pacific Islander White
 Other Prefer not to answer

Parent First Name: _____ Parent Last Name: _____

Parent Email: _____

When are you interested in attending FLC: Fall Spring Summer Year: _____

Student Type: Freshman Transfer

Academic Interest (ex. Major/minor): _____

How did you hear about Fort Lewis College: _____

What are some general questions you have about Fort Lewis College:

For Office Use Only

Attended

Hobsons

Tour Guide: