



Name: _____ email: _____ phone: _____

Help us plan your visit to campus:

1. Dates and times you would like to visit _____
2. Will you need guest housing? yes no For how many people? _____
For which nights? _____ (If you stay on campus, you are our guest for the first night; additional nights may be arranged and billed to you.)
3. Do you have any accessibility needs? _____
4. You will be our guest for meals. Which meals will you eat in our dining hall?
 breakfast lunch dinner [Not Available in Summer]
5. Would you like to meet with an Admissions Counselor? yes no (RECOMMENDED!)
6. Would you like a tour of PSR and the nearby GTU campus? yes no (RECOMMENDED!)
7. If you visit on a Tuesday, would you like to join in PSR Community Worship during 11am Chapel?
 yes no [NAiS]
8. Please list any areas of ministerial or academic interest you may have:

9. What [certificate and/or degree program\(s\)](#) is(are) of interest to you? _____
10. Would you like to sit in on a class? (Please see the list of [classes that are open to visitors](#))
_____ [NAiS]
11. If they are available, is there a particular [PSR faculty member](#) you would like to meet with?
1st Choice _____ 2nd Choice _____
12. Would you like information about Financial Aid and Scholarships? yes no
13. Are you transferring from another seminary? yes no
Name & location of seminary _____
14. Would you like to connect with someone from your denomination/faith tradition? yes no
Please note your denomination/faith tradition _____

Save then send as an email attachment to admissions@psr.edu.