

**CAMPUS PROMOTIONAL PROGRAM FORM**

Name of Educational Institution	
Administrator of Educational Institution	
Guidance Counselor	
Telephone Number	
Fax Number	
Address	
Contact Person E-mail	
Date and Time of Visit	
Number of Visiting Students	
Student's Grade and Possible Area of Study	
Teacher in Charge	
Phone Number of the Teacher in Charge	

Date :
Signature :