Thank you for your interest in Fulton-Montgomery Community College. We are excited to welcome your group to our campus. In order to provide you with customized tour of our campus, we ask that you complete the Group Campus Visit Request form below.

**Visit Request - Group Visits require 2 weeks advance notice.**

Tours are available Monday – Friday between the hours of 9:00 am to 2:00 pm

| 1st Choice | Tour Date: _____/_____/_____
|------------|-------------------------------|
| 2nd Choice | Tour Date: _____/_____/_____
| 3rd Choice | Tour Date: _____/_____/_____

Arrival Time: __________________

Select all that apply:

- **Presentations**
  - [ ] General Information about FM (20 minutes)
  - [ ] College Preparation (30 min) *(Suggested for grades 10 & 11)*

- **Tours & Dining**
  - [ ] Campus Tour
  - [ ] Housing Tour
  - [ ] Dine on Campus *(Costs paid by visiting group)*

Give us a brief description of what you wish to accomplish from visiting our campus:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

**School/Organization Information**

- School Name: ____________________________________________________________
- Contact Name: __________________________________________________________
- Address: ________________________________________________________________
- City: __________________________ State: __________ Zip: _______________
- Phone (_____): __________________ Fax (_____): ___________________
- Chaperone Cell (_____): _______________ A cell phone number is required for the chaperone to communicate with the group while in transit.

**Student Information**

- Number of Students Visiting: ________________ Number of Chaperones: _______
- Estimated number of visiting students in each grade level:
  - ___ 7th/8th
  - ___ 9th
  - ___ 10th
  - ___ 11th
  - ___ 12th
  - ___ Transfer

I certify that all the information above is accurate. Should any of the information change, I will notify the Admissions Office at Fulton-Montgomery Community College prior to my visit. I understand that certain changes could result in altering of the program and/or cancellation of the visit.

Signature: ___________________________ Date: ________________________________
Guests who visit Fulton-Montgomery Community College become members of our community for the duration of the visit. Ours is a community that demands individuals balance freedom with the respect for the rights of others. Outlined below are guidelines expected of any member of our community. Please review and sign this waiver to acknowledge compliance with these policies and procedures.

- During presentations given by Fulton-Montgomery Community College staff, faculty or students, guests will respect and not interrupt or distract presenter by shouting or talking aloud to other students.

- All participants in a Fulton-Montgomery Community College Group Visits must stay with Ambassador during tours. Any student who needs to leave tour must return to the Office of Admissions or transportation provided by school/community group. These students must be accompanied by an adult chaperone from the school or organization.

- Electronic devices such as MP3 players, pagers and games should not be brought to presentation or on tour. Cell phones, if needed, should be silenced for duration of visit.

- Use of profanity or foul language will result in expulsion of presentation and/or tour.

- Should your group have a schedule change/conflict be sure to notify the Office of Admissions at least one day prior to your scheduled visit. Groups that do not notify the Office of Admissions of their cancellation will not be granted a future visit.

TO BE SIGNED BY GROUP REPRESENTATIVE

I have read the above policies and have discussed them with my students. I agree to follow these rules during my visit to Fulton-Montgomery Community College. I understand that if we do not abide or enforce students under our supervision to, it may affect the possibility or our school/organization participating in future visits.

School/Organization (please print): ________________________________________________

Name of Group Chaperone (please print): __________________________________________

Signature of Group Chaperone: __________________________ Date: ____________________

Please submit your request and code of conduct form to: admissions@fmcc.suny.edu or fax to 518-762-8011