Request for Healthcare Career Informational Tour
The Penn State College of Medicine
The Penn State Milton S. Hershey Medical Center

Date of request: ____________________________

Name of college/university: ____________________________________________________________

  o  Address of college/university: (street, city, state, zip)

  __________________________________________________________
  __________________________________________________________

Name and title of school representative requesting tour:

________________________________________________________

  o  Email address for school contact:

  __________________________________________________________

  o  Telephone number (home) (          )
     (cell) (          )

Requested date(s) for visit:

__________________________________________________________________________________

Arrival Time: ____________________________

Departure Time: ____________________________

Number of persons visiting: _____

Areas of Interest to be visited:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

FORM MUST BE SUBMITTED 30 DAYS PRIOR TO VISIT

Fax To:  717-531-1578
Email To: ccaruso@psu.edu