

**LAWRENCE UNIVERSITY
ADMITTED STUDENT DAY VISIT WAIVER**

We trust that you will have an enjoyable and safe experience during your stay at Lawrence. To that end, we ask that you, along with your parent(s) or guardian(s), complete this form and return it to Lawrence Admissions Office either mail or fax (920-832-6782) **BEFORE** your visit. Because Lawrence is a residential community in which each individual accepts responsibilities and receives benefits, we also ask that you read the paragraph at the bottom of this sheet that addresses student behavior while a guest of the University and sign where indicated.

STUDENT NAME: _____

STUDENT CELL PHONE NUMBER: Please include area code _____

PARENT/GUARDIAN NAME: _____

PARENT DAYTIME PHONE NUMBER: Please include area code _____

PARENT EVENING PHONE NUMBER: Please include area code _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: Please include area code _____

DATE OF CAMPUS VISIT April 5/6 OR April 19/20
OTHER DATE _____

In consideration of the opportunity being extended to me, I hereby agree to abide by the rules and regulations of Lawrence University while a guest on campus. I further understand that individuals may not possess or consume alcoholic beverages in the state of Wisconsin until the age of 21; that the use of illegal drugs is strictly prohibited; and that guests of the University who fail to abide by the standards set by the Lawrence community or who violate state law will be asked to leave campus at their own expense. I also understand that inappropriate behavior may result in my not being considered for admission to Lawrence or in having my offer of admission rescinded.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____
(If student is under the age of 18)