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Evaluating College Visits

Directions: Rate each item from 1 to 10 with 10 being the highest.

School: _____ **Date:** _____

Poor			Fair			Good		Great	
1	2	3	4	5	6	7	8	9	10

Town:

**Atmosphere
Of School:**

Dorms:

Size of School:

**Miles from
Home:**

Programs:

Athletics:

Finances:

**Credits per
Term or Length
Of Semester:**

Specialty Programs:

Test Scores Required for Admission vs. Your Test Scores:

SATs /

ACTs /