

Texas Southern University
OFFICIAL VISIT SUMMARY FORM
 Office of Athletic Compliance



Prospect's Name: _____ Sport: _____

Actual Date and Time of Arrival: _____

Actual Date and Time of Departure: _____

Was the prospect accompanied by other individuals? Yes No
 If yes, Name(s) _____ Relationship: _____

_____	_____
_____	_____
_____	_____

Transportation: Automobile (Mileage reimbursement: (\$ _____ X _____ miles = \$ _____)
 Air
 Train
 Bus

Total Transportation Cost: _____

Lodging: On-campus
 Off-campus (Location: _____)

Total Lodging Cost: _____

Meals: (attach additional pages, if needed)

Meals	Location(s)	Cost
Breakfast		
Lunch		
Dinner		

Total Meal Cost: _____

I affirm that all information documented on this form is accurate and provided to the best of my ability.

 Prospective Student-Athlete

 Date

 Head Coach's Signature

 Date

 Director of Compliance (or designee)

 Date

 Athletic Director (or designee)

 Date