



Request Form: Schedule a Tour

Name of Organization/Group:

How many visitors? _____

Are any visitors under 18 years of age? Yes / No

If yes, how many? _____

Requested Date(s): _____

Purpose of Visit:

Simulation Lab

Research

Other (Please specify): _____

Contact Information

Name: _____

Phone Number: _____

Email: _____

Please send your completed form to nursece@psu.edu. We will reach out to you within three working days to schedule your visit to the College of Nursing.

Thank you.