

OSU Visitor Center

Experience OSU Fax Request

Fax 405-744-7092

Organization: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

1st Choice Date of Visit: _____
(Tours are held on a Monday through Friday basis)

2nd Choice Date of Visit: _____
(Tours are held on a Monday through Friday basis)

Arrival Time: A.M. P.M. (Tours are approximately 2 hours long)

Number of Guest: _____ Grade Range: _____

We are excited that you have chosen to spend time with us through the Experience OSU campus visitation program. Once we receive your tour request, we will process your request within 2 business days and send you a confirmation through email or postal mail. GO POKES!!

For Official Use Only:

Received: _____ Scheduled: _____ Room Reservation: _____

Letter of Confirmation: _____ Follow Up _____ Thank You: _____