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 (Location: _____________________________)

□ Off-campus

Total Lodging Cost: _________________________________________

Meals: (attach additional pages, if needed)

<table>
<thead>
<tr>
<th>Meals</th>
<th>Location(s)</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Meal Cost: _________________________________________

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

_________________________________________ Date
Prospective Student-Athlete

_________________________________________ Date
Head Coach’s Signature

_________________________________________ Date
Director of Compliance (or designee)

_________________________________________ Date
Athletic Director (or designee)