

College Visit Form

Student Name _____ Date _____

College _____

Date of Visit _____

In making this request one week before my visit, I understand it is my responsibility to see all of my teachers, in order to get my assignments. I further understand that my assignments are due the day I return to class.

Please return this form to the Counselor before the visit. A confirmation slip from the college is required upon return to school; otherwise, the absence is unexcused. **All college visits must be completed by May 1.**

Student Signature

Counselor's Signature

Parent Signature

Attendance Secretary Signature

Student Schedule

Teacher Signature

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