

Office Use Only
Counselor _____
Date Ret. _____

COLLEGE VISIT FORM

Student's Name _____

Date of Visit _____ Name of College _____

Administrative Signature _____

Subject, present grade, and teacher signature must be obtained before parent or guardian signs this request.

SUBJECT	LETTER GRADE	TEACHER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

We understand the following criteria must be met for an excused college visit day:

- 1. A parent/guardian must accompany each student.**
- 2. Students are permitted two (2) college days during the junior year and two (2) during the senior year.**

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)