

# COLLEGE VISITATION FORM

MUST BE COMPLETED & SUBMITTED TO YOUR COUNSELOR  
AT LEAST 1 WEEK PRIOR TO THE VISITATION

## STUDENT INFO

Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date of Request \_\_\_\_\_  
Counselor's Sign. \_\_\_\_\_  
Date \_\_\_\_\_



## PARENT/GUARDIAN INFO

Name \_\_\_\_\_  
Number \_\_\_\_\_  
Signature \_\_\_\_\_

## DESIRED COLLEGE

NAME OF SCHOOL

DATE(S) OF VISITATION

COLLEGE  
VERIFICATION

*Signature, Title, Date*

## TEACHERS

This student will be absent from class on the date(s) listed above.

Please be prepared to provide all assignments for makeup work. Please sign on the class space below:

1st Block \_\_\_\_\_

2nd Block \_\_\_\_\_

5th Block \_\_\_\_\_

6th Block \_\_\_\_\_

