



**COLLEGE VISITATION REQUEST FORM  
2017-2018**

STUDENT NAME: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE (PARENT/GUARDIAN): \_\_\_\_\_

ADMINISTRATIVE APPROVAL: \_\_\_\_\_

THIS FORM MUST BE SIGNED BY PARENT/GUARDIAN & ADMINISTRATION AND RETURNED TO THE GUIDANCE OFFICE **THREE SCHOOL DAYS BEFORE** THE SCHEDULED DAY OF VISIT.

***STUDENT MUST BRING BACK VERIFICATION OF ATTENDANCE, SIGNED BY COLLEGE ADMISSIONS OFFICE OR ABSENCE WILL RESULT IN AN UNVERIFIED ABSENCE.***

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**OFFICE USE ONLY:**

**Request Received:** \_\_\_\_\_

- 1<sup>ST</sup> APPROVED VISIT**
- 2<sup>ND</sup> APPROVED VISIT**
- COUNSELOR APPROVAL & SIGNATURE** \_\_\_\_\_
- Verification received from College/University**