

COLLEGE VISITATION APPLICATION

Student's Name _____ Today's Date _____

Institution _____

Date of the visitation _____

Teacher's Signatures

Period 1 _____

Period 2 _____

Period 3 _____

Period 4 _____

Period 5 _____

Period 6 _____

Period 7 _____

Parent's signature _____ Date _____

This is my 1st 2nd 3rd visit

Counselor's signature _____

Visitation must be arranged with counselor prior to the visit and the college visitation form must be returned to school the day before your visit. You will be allowed three days per year for college visits.

-----OFFICE USE ONLY-----

1. _____ / ____ / ____

2. _____ / ____ / ____

3. _____ / ____ / ____

Attendance Office _____