



POST-SECONDARY VISIT REQUEST

CG CLC CLS PR HOC

Both juniors and seniors are each allowed three excused visits during each school year.

Student Name _____ Today's Date _____

Counselor _____ Grad Year _____

Institution to Visit _____ Date of Visit _____

Directions for Students:

1. In the chart below, fill in the names of the *credit-bearing classes* you will be missing on the date of visit.
2. Have your teachers sign off that they are aware you will be absent on the date of visit.
3. It is your *responsibility* to make up any work you miss on the date of your visit.
4. During your visit, have a representative from the institution complete the *Post-Secondary Visit Passport* below.
5. Return this *completed form* to the deans' office after your visit to clear your attendance.

Period	Class (only credit-bearing classes)	Teacher Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		

Student signature _____ date _____

Parent signature _____ date _____

Counselor signature _____ date _____

Post-Secondary Visit Passport

Please have this portion of the form completed by a representative of the post-secondary institution you have visited.

_____ visited our institution on _____.
(student name) (date)

_____ (printed name of institution representative) _____ (title of representative)

_____ (signature of institution representative) _____ (date)