



# COVINGTON CATHOLIC HIGH SCHOOL

## COLLEGE VISIT REQUEST

Please complete all student and school information and submit to the Counseling Office one (1) week before the scheduled date.

Please print:

Today's Date \_\_\_\_\_

Student Name: \_\_\_\_\_

College/University being visited: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Attending with parents: (circle one) yes no

Signature of Parent(s) \_\_\_\_\_

\_\_\_\_\_

Teacher Notification:

Period One \_\_\_\_\_

Five \_\_\_\_\_

Two \_\_\_\_\_

Six \_\_\_\_\_

Three \_\_\_\_\_

Seven \_\_\_\_\_

Four \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_