



Phone: 508 597 2400

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201 Forest Street, Marlboro, MA 01752

College Campus Visit Form

Name: _____ Date of Visit: _____

College Name: _____

College Address: _____

Will your Parent be accompanying you to campus? Yes No

Please note: Students are responsible for notifying teachers **before** the visit and must make up all work missed. Also, students should inform their Homeroom Teacher of their intended absence.

Parent Signature: _____

College Representative Name: _____

College Representative Signature: _____ Date: _____