



VERIFICATION OF COLLEGE VISIT

STUDENT'S NAME: _____

NAME OF COLLEGE(s): _____

DATE(s) OF VISIT(s): _____

SIGNATURE OF STUDENT _____

SIGNATURE OF PARENT _____

FOR COLLEGE ADMISSION REPRESENTATIVE COMPLETION:

Please attach a business card or an office-generated visit verification letter to this form.

SIGNATURE OF REPRESENTATIVE _____

NAME OF REPRESENTATIVE(PRINT) _____

TITLE _____ DATE _____

PHONE NUMBER _____ EMAIL _____

This form must be returned to Berks Catholic High School on the first school day after the visit.

All work missed must be made up.