

ST. MARY'S COUNTY PUBLIC SCHOOLS

Department of Student Services

REQUEST TO VISIT COLLEGE CAMPUS

DATE SUBMITTED: _____

NAME: _____

DATE OF VISIT: _____

COLLEGE: _____

ADDRESS: _____

SIGNATURE OF STUDENT

SIGNATURE OF PARENTS/LEGAL GUARDIANS

SIGNATURE OF COUNSELOR

SIGNATURE OF STUDENT'S ASSISTANT PRINCIPAL

THIS FORM MUST BE COMPLETE AND RETURNED TO THE PRINCIPAL/
DESIGNEE FIVE (5) DAYS BEFORE THE DAY OF THE VISIT.