

COLLEGE VISIT FORM

NAME: _____

ADVISOR: _____

COLLEGE VISITING: _____

DATES VISITING: _____

TEACHER APPROVAL:

	<u>Course</u>	<u>Teacher Signature</u>
1 st period:	_____	_____
2nd period:	_____	_____
3rd period:	_____	_____
4th period:	_____	_____
5th period :	_____	_____
6th period:	_____	_____
7th period:	_____	_____
8 th period:	_____	_____

Student Signature : _____

Parent Signature: _____

Mrs. Knox Signature : _____

Advisor Signature : _____

I understand that I am responsible for any class work missed during my absence. I acknowledge that FOUR (4) days notice is required for approval of campus visit.