



College and Career Exploration Visit Form

College and/or Career Exploration Visit Location: _____ Date: _____

STUDENT NAME

PARENT SIGNATURE

Counselor signature

Mrs. Pitcher or Mrs. Sarchet: Recorded in attendance

Class	Teacher	Assignment	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

****If you have an extracurricular activity on the same day as your event please have a representative from the college or career experience sign below. Please return this form to the office or your coach before participation.**

College/Career Representative