



# LAKE TRAVIS HIGH SCHOOL COLLEGE DAY VISIT REQUEST

SENIOR OR JUNIOR: ALLOWED 2 DAYS PER SCHOOL YEAR

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ ID# \_\_\_\_\_

DATE/S OF VISIT \_\_\_\_\_

UNIVERSITY/COLLEGE \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

Completed form must be turned into the attendance office **PRIOR** to visit.

I understand that I am responsible for obtaining a dated and signed statement/form on letterhead from an official represented of the University/College visited to provide confirmation that I did visit the campus in order to be coded as a college visit.