

# Excused Absence Request for a College Visit

Part I: To be completed by parent/guardian/adult student and submitted to the campus Academic office at least FIVE (5) school days PRIOR to the visit

Students Name: First \_\_\_\_\_ Last \_\_\_\_\_

Name of College/University to be visited:

Date(s) to visit:

Reason for visit:

*As the parent/guardian of the above-named student or as the adult student, I understand that only those students who meet the criteria will be allowed to have one (1) consecutive days of absence for the purpose of making a college visit(s) during their junior year and two (2) excused days of absence for the purpose of making a college visit(s) during their senior year:*

1. Student must have passed the required parts of the STARR test for the previous year
2. The student must be on track to graduate on time
3. The student is classified as a junior or senior based on credits earned.
4. The student is passing all course work
5. The student has no truancy or other attendance problems
6. The student is not in DAEP placement or assigned to JJAEP.

*I understand that:*

1. Prior approval is required for an excused day of absence to be granted. No partial day day of absences will be approved.
2. Approval will not be granted on a day when major exams are scheduled.
3. If approval is granted, verification of the visit (Part III of this form) must be returned in order for the absence to be recorded as an excused and not be counted against exam exemptions.
4. If the college visit cannot be made on the date specified above, a new form must be submitted for approval.

*I verify that the above-named student meets all the criteria listed and will not exceed the number of excused days of absence allowed for college visits this school year.*

Parent/Guardian's/Adult Student Signature: \_\_\_\_\_

**Part II: To be completed by High school counselor**

Printed name of Person Completing Verification:

Signature of Person Conducting Verification:

Date:

1  2  3  4  5  6

Approved

Denied

**Part III: To be completed by college representative**

**Verification of College Visit**

*My signature below verifies that the above-named student visited our campus as follows:*

Visit Consist of:  Tour of campus  Tour of department  Official visit (Athletics)  Assessment  
Admissions   Financial planning  Other

Name of College/University

Date(s) of College Visit

Printed name of College Representative

Signature of College Representative:

Title:

Phone Number:

\*\*\*Upon completion of Part III, the parent/guardian/adult student should return this form to the attendance office.\*\*\*