

COLLEGE/ POST SECONDARY VISIT FORM

Prior approval must be obtained in order for the absence to be recorded as a school activity.
Visitations without prior approval will be recorded as an absence.

Student Name: _____ Phone #: _____

Home Address: _____ E-Mail: _____

ACT Composite: _____ Major: _____

Will parent(s) be attending visit? _____ NO _____ YES _____ Total Visitors

Name of school visiting: _____

Date & time of visit: _____

Applied for admission to the school visiting? _____ YES or _____ NO

ACTIVITIES DURING VISIT:

Admissions Staff Campus Tour Sit in on a class Housing Tour

Visit with major department Meet with financial aid personnel

Visit with a coach of _____

Visit with a person in an interest area in _____

Interested in visit with sorority/fraternity

Other _____

Visit has been arranged by student Visit needs to be arranged by advisor
(please make request 2 weeks in advance)

PARENT SIGNATURE: _____ DATE: _____

Number of absences: _____ (period and/or days) Verified by: _____

Eligibility list (week previous to visit) _____ Verified by: _____

Approved Not Approved By: _____