STUDENT REQUEST FOR COLLEGE VISITATION

For School Related Consideration

		would like to	be excused on the
following date:	t	to attend	
Class Hour	Class Name	Teacher	Teacher's Initials
	<u>Sigr</u>	natures	
	Cou	nselor:	
	Pare	ent:	
	Stuc	lent Services:	

This request form must be completed and turned in to your Counselor one week prior to the visitation.

Attendance Verification for Reeths-Puffer High School (To be turned in to R-P Student Services Office following visit to receive a school-related absence)

Student Name:	Date of visit:/
College Visited:	
Checklis	t of Things to Experience/Inquire About on Your Visit (Visiting all are not required, just a good idea!)
<u>Places</u>	Notes/Impressions
Dorms/Housing	
Food Services	
Bookstore	
Library	
Attend a Class	
Student Activity Center (Student Life)Expenses (tuition,	
College Representative Sign	ature, Stamp, or Seal (required):
	Data