## STUDENT REQUEST FOR COLLEGE VISIT

## For School Related Consideration

| date       | to visit               | _ would like to be e | excused on the following |
|------------|------------------------|----------------------|--------------------------|
| Class Hour | Class Name             | Teacher              | Teacher's Initials       |
|            |                        |                      |                          |
|            |                        |                      |                          |
|            |                        | 4 14 22 42 42        |                          |
|            |                        | Signatures           |                          |
|            | Counselor:             |                      | <del></del>              |
|            | Parent:Student Service | es:                  | <del></del>              |

## \*ARRANGEMENTS MUST BE MADE AT LEAST ONE WEEK IN ADVANCE!

This request form must be completed and returned to Student Services one week prior to the visit. For attendance purposes, you are allowed <u>TWO</u> school related college visit absences per school year. Any other visits will be on your own time.

## 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:  |  |
| Checklist of  | f Things to Experience/Inquire About on Your Visit (Visiting all are not required, just a good idea) |
| Places Dorms/Housing  | Notes/Impressions  |
| Food Services   |  |
| Bookstore   |  |
| Library   |  |
| Attend a Class  |  |
| Student Activity Center   |  |
| Expenses (tuition, room, board,fees) Visit Department of Your Major Interest Environment (size, location,etc.) See Athletic and Arts Facilities Admissions Office |  |
| Financial Aid Office  |  |
| College Representative Signa  | ture, Stamp, or Seal (required):  Date:  |
|   |  |