

REQUEST FOR EXCUSED ABSENCE - COLLEGE VISIT

Student Name: _____ Today's Date: _____

College Visiting: _____ Date of Absence: _____

Student must complete this form to request an excused absence for a college visit. The student must be in good academic and disciplinary standing, secure the signatures of all teachers and their college counselor, and is responsible for all missed assignments and/or assessments. Students, please print your course and teacher name for each period of your schedule. Teachers, please initial below to indicate the student has spoken with you and is aware of any and all assigned work/assessments for the date of absence.

1. _____ Teacher Initials _____

2. _____ Teacher Initials _____

3. _____ Teacher Initials _____

4. _____ Teacher Initials _____

5. _____ Teacher Initials _____

6. _____ Teacher Initials _____

7. _____ Teacher Initials _____

8. _____ Teacher Initials _____

Counselor Name: _____

Counselor Signature: _____

Student must have a college representative sign and date this form to confirm the visit, and then return the form to the attendance office to have their absence excused.

To be Completed by the College

Institution Name: _____

Representative Name/Title: _____

Representative Signature: _____ Date: _____

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