

COLLEGE/UNIVERSITY VISITATION FORM

Student Name _____ Grade _____ ID# _____

1. ALL COMPLETED college visitation requests should be presented to your counselor for approval in advance of the visit. If you have taken more than two days and do not receive special permission from your assistant principal for additional days, they will be considered UNEXCUSED ABSENCES!!!
2. Submit this completed form to the Counseling Office and pick up the College Visit Verification Form to be signed by an official at the college you are visiting. Return this form to the Attendance Office on the day following the visit or the ABSENCE WILL BE UNEXCUSED. Seniors are allowed a total of two college visit days (prior to May 1) and juniors may use two days during the spring semester.
3. Visits to colleges located within Austin city limits can often be completed in ½ day (school periods 1-4 or 4-8). Each ½ day visit to a local college will count as ½ day of the total college visitation days available to students.

Parent Release

The student named above has my permission to visit _____

college/university on _____

(Dates—ONLY list school days being missed)

Parent Signature _____

Faculty Approval (student must be passing all classes; teachers will also consider attendance)

Subject	Teacher Signature	Class Grade	Approved?	Make-Up Option*
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
6			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
7			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
8			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

* A – turn in assignments before absence, B – turn in assignments the day you return, C – other

Assistant Principal's Approval (only required if this request is for additional visitation days)

- This request is approved with the following attendance codes:
- This request is denied.

AP Signature _____

Date _____

Counselor's Approval

- This request is approved.
- This request is denied.

Counselor Signature _____

Date _____