

COLLEGE/UNIVERSITY VISITATION FORM

Student Name _____ Grade _____ ID# _____

STEP 1: Complete this form. Seniors are allowed two college visit days (prior to May 1) and juniors may use two days during the spring semester.

- If you have already taken two college visits for the year, see your assistant principal for permission to take additional days.
- Visits to colleges located in/near Austin can often be completed in ½ day. Each ½ day visit to a local college will count as ½ day of the total college visitation days available to students.

STEP 2: Bring this form to the counseling office **before** your planned visit and pick up the College Visit Verification Form to be signed by an official at the college you are visiting.

STEP 3: After your visit, return the College Visit Verification Form to the Counseling Office within 48 hours following the visit or the absence will be unexcused.

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 college visit days)

- This request is approved with the following attendance code(s):
- This request is denied.

AP Signature _____

Date _____