



# ST. THOMAS MORE CATHOLIC HIGH SCHOOL

## COLLEGE VISIT FORM

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

College visiting \_\_\_\_\_

Date(s) of visit \_\_\_\_\_

The student named above understands that if you, the teacher, give permission for she/he to miss class, it is with the understanding that all work missed must be made-up. Failure to do so may result in a grade of zero for the work missed.

Student's signature \_\_\_\_\_

Parent's signature \_\_\_\_\_

Teachers' signatures:

1<sup>st</sup> hour \_\_\_\_\_

2<sup>nd</sup> hour \_\_\_\_\_

3<sup>rd</sup> hour \_\_\_\_\_

4<sup>th</sup> hour \_\_\_\_\_

5<sup>th</sup> hour \_\_\_\_\_

6<sup>th</sup> hour \_\_\_\_\_

7<sup>th</sup> hour \_\_\_\_\_

Counselor's Signature \_\_\_\_\_

After all signatures are obtained, return to the Guidance Office to receive a copy of this form. Bring the copy with you to have a college representative sign below. Upon returning to school, turn the form into the front office as verification of the visit.

Signature of College Representative \_\_\_\_\_

Title \_\_\_\_\_

Phone number \_\_\_\_\_ Date(s) of visit \_\_\_\_\_