



**COLLEGE CAMPUS VISIT REQUEST FORM**

I understand the rules when leaving CHAMPS to visit colleges and agree to abide by them. I know I am allowed to miss school for a total of five (5) school days during my senior year to visit college campuses if needed.

STUDENT NAME: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

COLLEGE VISIT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TOTAL DAYS AWAY FROM SCHOOL: \_\_\_\_\_

I WILL BE VISITING THE FOLLOWING COLLEGES:

\_\_\_\_\_  
\_\_\_\_\_

**To the Senior Teachers:**

The student above understands that he/she is responsible for making up any school work missed as a result of the proposed college campus visits. By signing this form, I give permission for the student to miss my class on the relevant day(s). I have notified the student of the work they will be required to make up, if applicable.

**CLASS**

**TEACHER SIGNATURE**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____

**\*\*\*RETURN THE COMPLETED FORM TO YOUR COLLEGE COUNSELOR, PRIOR TO YOUR ABSENCE\*\*\***

**College Counselor:**

This student has consulted with me about visiting the colleges listed above, therefore the absences should be excused.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_