

CALVIN CHRISTIAN HIGH SCHOOL  
COLLEGE VISIT REQUEST



Student Name \_\_\_\_\_ Grade \_\_\_\_\_

College to Visit \_\_\_\_\_

Date of Visit \_\_\_\_\_ Class Periods \_\_\_\_\_

Previous College Visits this school year: (Date & College) \_\_\_\_\_

Dear Parent:

A college visit is intended to provide students opportunity to learn firsthand from college personnel about specific courses of study and other pertinent information not attainable in another way.

This privilege is forfeited if a student has too many absences or has an unexcused absence of 1/2 day or more.

This form must be completed and submitted to the Counseling Office three (3) school days before the desired visitation day.

Assignments for each class missed are expected to be turned in to each teacher in accordance with their directions.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

| Period: | Teacher's initials |
|---------|--------------------|
| 1       | _____              |
| 2       | _____              |
| 3       | _____              |
| 4       | _____              |
| 5       | _____              |
| 6       | _____              |
| 7       | _____              |
| 8       | _____              |

**NOTE:** Achievement Center teacher signature NOT required

Counselor signature \_\_\_\_\_ Date \_\_\_\_\_