

## REQUEST FOR PRE-PLANNED COLLEGE VISIT

This form must be completed and signed by parent(s)/guardian and teachers (1) week before the scheduled college visit. Return to the College & Career Center for Counselor signature. Once completed and signed, please return to Ms. Thurow in attendance.

NAME \_\_\_\_\_

COLLEGE/UNIVERSITY \_\_\_\_\_

DATE OF VISIT \_\_\_\_\_

COLLEGE CONTACT PERSON \_\_\_\_\_

**\*\*You must provide the name of the person/department you contacted to set an appointment at the college or provide a confirmation letter that was sent to you from the college.**

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

### TEACHER SIGNATURES:

Class	Teacher Signature	Comments

**RETURN THIS FORM TO GUIDANCE.**

GUIDANCE APPROVAL \_\_\_\_\_