



North Springs High School Request for College Visitation



Name: _____ Date: _____

College Visiting: _____

City: _____ State: _____

Date(s) of Visit: _____

Date(s) Absent from School: _____

Teachers: This absence will not be excused in the system until the student returns with verification from the college.

Period	Subject	Teacher's Signature	Satisfactory or Unsatisfactory Work
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

 Parent/Guardian Signature Date

Verification by College

 Name of Institution Date(s) of Visit

 Signature Title

Student: Absence will be unexcused unless this completed form is returned to the Attendance Office within three days of the College Visit.