

College Visitation Days

Student's Name _____ Principal's Signature _____

Deer Creek-Mackinaw High School

Pre-Excused Absence

College Day Visitation Request Form

_____ will be visiting _____ on _____.
(Student) (College/University) (Date)

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

This is to verify _____ visited _____ on _____.
(Student) (College/University) (Date)

College Representatives Signature: _____ Date: _____

College Representatives Phone Number: _____

THIS ENTIRE FORM MUST BE RETURNED TO YOUR GUIDANCE COUNSELOR AFTER THE COLLEGE VISITATION DAY.

Block	Assignments	Teacher Signature	Cumulative Grade For This Semester
1			
2			
3			
4			
5			
6			
7			
8			