

Date: _____

COLLEGE DAY REQUEST FORM

Student's Name

Grade

Student ID

Campus: _____

Proposed Date(s) of absence: _____

Name of University or College: _____

Student must receive verification on letterhead dated the day of the visit and signed from the College or University. It must be returned to the Attendance Office before credit can be given for the College Day.

Parent's Signature: _____ Phone #: _____

Students must have teachers fill out the below portion before returning to attendance office for approval.

Period	Subject	Teacher	Current Average (circle)	Student Completes assignments in a timely manner	Teacher's Comments
			A B C F	Yes No	
			A B C F	Yes No	
			A B C F	Yes No	
			A B C F	Yes No	
			A B C F	Yes No	
			A B C F	Yes No	
			A B C F	Yes No	

Principal's Signature

Approved

Denied

Date