



Winthrop High School

COLLEGE VISIT REQUEST

Student Name: _____ Grade: _____

Date of College Visit: _____ Time of Scheduled Visit: _____

Name of College: _____

Student's Signature _____ Date _____

*College Visit Request form must be submitted to Administration for approval prior to date of visit.

____ Approved	____ Denied	_____ Reason
Administration Signature _____		Date _____

Proper documentation is required upon completion of visit to insure student an "Excused Absence."