

COLLEGE VISITATION PASS

Student, please note:

You must obtain the teacher's signature at least two days prior to the lecture.

All other students will be sent back to class.

Also please complete the information on the Sign-Up Form.

STUDENT NAME: _____

HOMEROOM: _____ GRADE: _____ DATE OF MEETING: _____

NAME OF COLLEGE: _____ PERIOD(S): _____

SIGNATURE OF TEACHER (Whose class you would be missing):

_____ Date: _____

PRESENT THIS PASS TO THE COUNSELOR AT THE TIME OF THE MEETING

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