



Montrose School

College Visit Request Form

After all of the teachers for the classes to be missed have signed below, return this form to the College Counseling Office at least one week prior to the college visit(s). Students are responsible for any work missed due to a college visit scheduled when school is in session.

Student Name: _____ Date of visit(s): _____

College(s) to be visited: _____

Parent Signature: _____



Each teacher must sign this form for any classes/activities you will be missing due to the college visit(s).

_____ English

_____ History

_____ Math

_____ Science

_____ Foreign Language

_____ Theology

_____ Carousel

_____ Athletic Director (if member of a sports team)

_____ Co-Curricular Activity, if applicable

_____ Other



_____ Director of College Counseling

_____ Date