

## College or Professional Workplace Visit Request Form

Students are allowed a maximum of two days in 11th grade and two days in 12th grade for each purpose of a higher education visit and a professional workplace visit. Part 1 of the form must be completed at least **1 week PRIOR** to the visit. Part 2 of the form must be completed and returned to the attendance office no later than 2 days after the visit in order for the absence to be excused. Once approved by the attendance office the absence will be coded as excused and will not count against exam exemptions.

Part 1: To be completed	by student, parent a	d Counselor/Principal/Director of Stude	
Today's Date:	Student Lo	cal ID: Student Grade L	
Student Name:	<u>'</u>	,	
College/Workplace:		Date of Visit:	
Student Signature:		Parent Signature:	
Campus Administrator S	ignature:		
•		Education or Workplace Professional	
oart 2: To be completed b	oy Institute of Higher	Education or Workplace Professional	
Institute of Higher Educ		Education or Workplace Professional	
Institute of Higher Educ	ation Visit		
Institute of Higher Educ	ation Visit	Education or Workplace Professional  Title:	
Institute of Higher Educ Name of College: Printed Name of College	ation Visit Representative:		
Institute of Higher Educ Name of College: Printed Name of College	ation Visit  Representative:  esentative:	Title:	
Institute of Higher Educ Name of College: Printed Name of College Signature of College Repr	ation Visit  Representative:  esentative:	Title:	
Institute of Higher Educ Name of College: Printed Name of College Signature of College Repr Professional Workplace	ation Visit  Representative:  esentative:  Visit	Title:	

Date Received:	☐Approved ☐ Denied	Office Signature:
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