

# CARMEL HIGH SCHOOL COLLEGE VISIT VERIFICATION

DATE:	
STUDENT NAME:	STUDENT ID#:
NAME OF COLLEGE VISITED:	
LOCATION OF ABOVE COLLEGE:	
NAME OF ADMISSIONS DIRECTOR:	
TELEPHONE #:	
DATE(S) OF VISITATION:	

**\*\*Please submit this form to your administrator on the first day you return to school, immediately following the college visit. If approved, date(s) listed above will not be counted against the minimum attendance policy. There is a limit of three (3) excused days per school year.**

Administrative Approval: \_\_\_\_\_

Date: \_\_\_\_\_