

**MARQUETTE CATHOLIC
HIGH SCHOOL
PLANNED ABSENCE/COLLEGE VISIT
FORM**

Please complete the information below for **all** planned absences. If the absence is for a college visit, the student must bring documentation from the school indicating that the student visited the school. Completed forms must be **submitted one week in advance of the visit date/or planned event**. Failure to submit the form within the established timeframe, or to submit the college visit documentation will result in an unexcused absence and the student will receive a “zero” for all missed work, quizzes and/or tests.

STUDENT’S NAME: _____

Name and address of the college that the student will be visiting:

Date(s) of College Visit OR reason for absence: _____

Parental signature giving student permission for absence: _____

Phone number: _____ **Date:** _____

Teacher Signatures:

1st Period: _____ **5th Period:** _____

2nd Period: _____ **6th Period:** _____

3rd Period: _____ **7th Period:** _____

4th Period: _____ **8th Period:** _____

Counselor Signature: _____

Information below to be completed by College/University Office of Admissions:

<p>University/College Contact Person: _____</p> <p>Phone: _____ Email: _____</p> <p>Contact’s Signature: _____ Date: _____</p>
