

Howells-Dodge High School College Visit Form

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

College Visiting: _____

Date of Visit: _____

Time of Visit: _____

Area(s) of Interest: _____

Date Requesting Visit: _____

Departure Time from Howells-Dodge Schools: _____

Return Time to Howells-Dodge School: _____

Parents Attending: Yes No

Student Signature: _____

Parent Signature: _____

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Office Information:

Approved: Yes No

Reason for Not Approved: _____

Counselor's Signature: _____