



O'DEA HIGH SCHOOL COLLEGE VISIT PERMISSION FORM

Student Name _____

Date of College Visit _____ Time of Visit _____

Teacher Name _____ Classroom Number _____

Class Title _____ Period of Visit _____

I have the opportunity to discuss my college plans with a representative from _____ College/University. I understand that I must submit this completed form to Mrs. Eulberg **the day before the scheduled visit.** I also understand that it is my responsibility to make up any assignments that I miss during the time that I am out of class.

Student Signature _____

Teacher Signature _____