MONTOURSVILLE AREA HIGH SCHOOL 700 MULBERRY STREET MONTOURSVILLE, PA 17754

COLLEGE VISIT REQUEST

Date of Visit			
Student			
College			
Please submit this request to the	HS office for a	approval prior to your schedu	led visit.
Parent/Guardian Signature	Date	Principal's Signature	Date
	t I a confect o	men the completion of th	ais form at the

This absence will be considered lawful upon the completion of this form at the college indicated above and returned to the HS office the next school day.

College Representative/Title

Date