

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 approval prior to your scheduled visit.

Parent/Guardian Signature Date Principal's Signature Date

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