



OFFICE OF GUIDANCE AND COUNSELING COLLEGE VISIT FORM

ST. THOMAS HIGH SCHOOL
BASILIAN FATHERS · 1900

AT LEAST 5 DAYS IN ADVANCE OF YOUR PLANNED VISIT DO THE FOLLOWING:

1. Complete this form and obtain needed signatures.
2. Email your teachers, counselor and the Dean of Students Office (DeanofStudentsOffice@sths.org) about the visit.
3. Return this form to the Dean of Students office.

**** Failure to follow the procedure outlined will result in an UNEXCUSED absence.

DATE: _____

NAME: _____

COLLEGE: _____

DAY(S) AND DATE(S) OF VISIT: _____

I have scheduled: *(please check the appropriate box and fill in the information requested.)*

Campus Visit and Information Session: _____
(Time) (Date)

Attend Class: _____
(Class) (Date)

Overnight stay: _____
(Date)

Student Signature

Parent Signature

Counselor Signature

After obtaining signatures return this form to the Dean of Students office to obtain approval. After approval you may email your teachers.

Bring form or letter from the visited college showing date of visit to the Dean's office following the visit.