

Bethel High School
7490 South State Route 201
Tipp City OH 45371

COLLEGE VISITATION FORM

Juniors and Seniors Only

Name: _____ Date of Request: _____

Request must be submitted a minimum of one week prior to college visit.

I have a 2.0 cum GPA (see your agenda book page 26).

I have contacted: _____ (Name of College Rep)

In the office of admissions at:

Phone _____

Teacher signatures are below acknowledging my visit on _____ (date):

Period	Class	Teacher	Signature
1st	_____	_____	_____
2nd	_____	_____	_____
3rd	_____	_____	_____
4th	_____	_____	_____
5th	_____	_____	_____
6th	_____	_____	_____
7th	_____	_____	_____
8th	_____	_____	_____

Student Signature: _____ Parent Signature: _____

Guidance Counselor Approval: _____

College admissions office visit verification: _____ (seal).

College verification form must be returned to the attendance office within three days of visit.