

Northside High School

College Visit Form

Complete and Return to Front Office

Student Name _____

College Name _____

College Address: City: _____ State: _____

Today's Date: _____

Date(s) of Visit: _____

Student Signature: _____

College Visit Facilitator Signature: _____

College Visit Facilitator Phone: _____

College Visit Facilitator Email: _____

For Office Use Only:

Visit # _____ Administrative Signature _____

Date: _____