

**MARQUETTE CATHOLIC  
HIGH SCHOOL  
PLANNED ABSENCE/COLLEGE VISIT  
FORM**

Please complete the information below for **all** planned absences. If the absence is for a college visit, the student must bring documentation from the school indicating that the student visited the school. Completed forms must be **submitted one week in advance of the visit date/or planned event**. Failure to submit the form within the established timeframe, or to submit the college visit documentation will result in an unexcused absence and the student will receive a “zero” for all missed work, quizzes and/or tests.

**STUDENT’S NAME:** \_\_\_\_\_

**Name and address of the college that the student will be visiting:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date(s) of College Visit (s) OR reason for absence:** \_\_\_\_\_

**Parental signature giving student permission for absence:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Teacher Signatures:**

**1<sup>st</sup> Period:** \_\_\_\_\_ **5<sup>th</sup> Period:** \_\_\_\_\_

**2<sup>nd</sup> Period:** \_\_\_\_\_ **6<sup>th</sup> Period:** \_\_\_\_\_

**3<sup>rd</sup> Period:** \_\_\_\_\_ **7<sup>th</sup> Period:** \_\_\_\_\_

**4<sup>th</sup> Period:** \_\_\_\_\_ **8<sup>th</sup> Period:** \_\_\_\_\_

**Academic Advisor Signature:** \_\_\_\_\_

**Information below to be completed by College/University Office of Admissions:**

**Student Name:** \_\_\_\_\_

**University/College Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_