



College Visit Verification Form

Bishop Noll Institute students are permitted to attend 2 college visits and/or job shadowing experiences each semester. The purpose of the visit/experience is that it be a learning opportunity for the student in planning his or her higher education. This form must be completed by the student who is missing school in order to attend the college visit/job shadowing experience, signed by a parent, and signed off on by a representative from the college/job.

Student name: _____

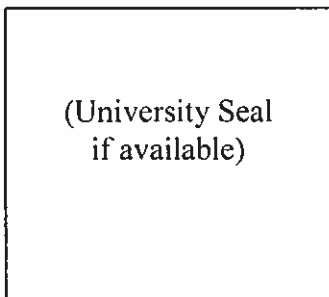
College visit/Job shadow experience attended: _____

Date attended: _____

Reason for attendance: _____

Parent signature: _____

FOR COLLEGE/UNIVERSITY/JOB USE ONLY



The seal and signature verify that this student visited this institution on the date indicated above.

Printed name of representative: _____

Signature of representative: _____

Title: _____

Contact Information: _____

*Bishop Noll Institute
1519 Hoffman St.
Hammond, IN 46327*