College Visitation Confirmation Sheet

Central Linn High School Senior Project/ASPIRE

Student Name: _____

Name of School/Institution visited: _____

Date and Time(s) of Visitation: _____

Activities/tour information (i.e. what did you see, what did you learn?):

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Name of chaperone/school representative: _____

Signature of chaperone/school representative: _____

Phone number: _____ **Date:** _____

Student Signature: _____ Date: _____