WESLEYAN CHRISTIAN ACADEMY

COLLEGE DAY VISIT FORM

COLLEGE & CALLING

PRINT • COMPLETE • RETURN

Complete one form for each college visit. Obtain all required signatures and return the form on the next school day after the visit.

Student Name _____ **Visit Date** _____

College / University _____

College Verification

To be completed and signed by a college or university representative

Representative Name / Title _____

Representative Signature _____ **Date** _____

WCA Teacher Signatures

Please obtain each required signature before submitting this form.

Homeroom _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

IMPORTANT RETURN POLICY

This form must be returned with college signature(s) the next school day after the visit. Failure to do so will result in an unexcused absence.