

COLLEGE VISIT VERIFICATION FORM



Complete the following form prior to your visit and obtain school counselor's signature. After your visit, return the form signed by the visited school's representative to the counselor's office.

Student Name: _____

Date of Visit: _____

Name of College or University: _____

School Admissions Contact & Title: _____

School Contact Signature: _____

Year at BCHS: ___ Sophomore ___ Junior ___ Senior

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____

School counselor Approval: _____

Number of College Visit Days Used:

Sophomore: **1**

Junior: **1** **2**

Senior: **1** **2** **3**

Submit completed form to:

Brown County High School – 500 E Main St – Mt. Sterling, IL 62353 – Attn: Kaitlyn Ealy, School Counselor