



THE HIGH SCHOOL OF SAINT THOMAS MORE

College Day Request Form

Rebecca Miller

Director of Student Services
3901 N. Mattis Ave.
Champaign, IL 61822-1001
Phone: (217) 352-7210 Fax: (217) 352-7213

Student Name: _____ Date: _____

College or University Information

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Visit: _____

- | | | |
|---|------------------------------|-----------------------------|
| Have you notified the school that you will be there? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you arranged for a campus tour? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you arranged to talk to an Admissions Officer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you arranged to talk to a Financial Aid Officer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Parent Approval

Parent Signature: _____ Date: _____

Teacher: _____ Date: _____ Teacher: _____ Date: _____

Teacher: _____ Date: _____ Teacher: _____ Date: _____

Teacher: _____ Date: _____ Teacher: _____ Date: _____

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Important Instructions:

- Please turn this form into Mrs. Horn at least one week prior to your schedule visit.
- You **must** pre-arrange your visits with any teacher whose class you will miss. You are responsible for all missed work, quizzes, and/or tests.
- Remember that students receive two college visit days in their Junior Year and two college visit days in their Senior Year.

