Student's Name:					
Excused Release #	_ of 2 (Seniors)	#_	of 1 (Ju	niors)	
Star In order to receive an ex must be fully completed days in advance of the a	and returned to the	counting again e high school g	st a student's a uidance couns	attendance, this elor's office at	least two
Date of Visit:					
Post-secondary institution					
Before the visit, details a initial the appropriate sp					r who will
Period 1 Period 2	Period 3	Period 4	Period 5	Period 6	Period 7
Office Signature:					
I understand that my stu R-II School District will n			_		t Stanberry
Student Signature:					
Parent Signature:					

\*\*\*\*This page must be turned in prior to the absence. Student must return a completed "Postsecondary Visit Verification" (page 2 of this form) to the guidance counselor upon returning to school the next day so we can code your absence as to not penalize your attendance.

I.	ADMISSIONS Test(s) Required; Minimum Scores Necessary; Testing Deadlines/Dates Offered
	Average Test Scores, GPA or Class Rank Needed for Success at This School Admission Notification Timeline Deadline/Application Fee
II.	ACADEMIC LIFE
	Majors of Interest Special Programs (e.g., Study Abroad, Cooperative Education, Internships, ROTC) Academic Calendar
	Student-Faculty Ratio; Average Class Size
	Availability of Tutoring Career Planning and Job Placement
III.	STUDENT BODY
	Total and Undergraduate Enrollment Male-Female Ratio
	% Ethnic/Religious Enrollment
	% Commuters vs. Campus Residents
	<ul><li>% Students Who Graduate after Initial Enrollment</li><li>% Students Who Go to Graduate/Professional Schools</li></ul>
IV.	CAMPUS LIFE
	Distance from Home
	College Environment Roommate
	Facilities
	Athletics/Intramurals
	Clubs, Organizations and/or Activities
	Housing/Meal Plans Health/Counseling Services
v.	COSTS and FINANCIAL AID
	Tuition, Room and Board
	Estimate of Total Budget Forms/Paperwork Required for Financial Aid
	% Students Receiving Aid
	Scholarships Available/Application Deadlines
	Postsecondary Visit Verification for Excused Absence
	visited

(Date)

(Signature of Postsecondary Official)

(Phone Number)