

College Day/Job Shadow Day Request 2019-2020

NAME: _____

College Name/Job Shadow Location: _____

Date of Absence Requested: _____

Student Signature

Date

Parent Signature

Date

This form must be signed by parent and parent should call the school on the date of absence to report the absence

Office Use Only

Approved: _____ *(Counselor Signature)*

Proof of Attendance: _____