

# Post-Secondary Institution Visitation Form



Student name: \_\_\_\_\_

Date: \_\_\_\_\_ Hours in Attendance: \_\_\_\_\_

Post-Secondary Institution: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Signature \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number \_\_\_\_\_

In a short paragraph, summarize the activities that you participated in or observed during your visit.

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Student Signature \_\_\_\_\_