



IVYBRIDGE COMMUNITY COLLEGE

University Visit Request Form

Name of Student _____

Date(s) of absence _____

University and Department _____

Reason (please delete) Open Day / Applicant Day / Interview

Parental agreement to this request: _____ (signature)

Tutor, Subject Teacher(s) and Head of Year signatures MUST be obtained BEFORE absence.

(Please note teachers sign to confirm they have been informed of the intended absence.)

Subject	Teacher informed	Signature

Tutor's signature: _____ Date _____

Head of Year signature: _____ Date _____