



MAST ACADEMY

A Nationally Recognized School of Excellence



3979 Rickenbacker Causeway Miami, FL 33149

REQUEST FOR PRE-APPROVAL FOR COLLEGE/UNIVERSITY VISIT

Student Name/Student ID _____ Date _____

College/University _____

Date(s) _____

Requested _____

This is my _____ request for the _____ school year for a total of _____ days.

- **Juniors** are permitted to two (2) excused absences and **Seniors** are permitted to four (4) excused absences for college visits.
- Signed form must be submitted within three (3) school days to receive and **EXCUSED** admit.

Approved (**Administrator**) _____ Yes _____ No

If yes, approved by:

Print Name

Signature

Student Section:

I understand that I am representing MAST Academy while attending this function and agree to follow all school policies of MAST Academy.

Student Signature _____

Parent Signature _____ Parent Phone Number _____

VERIFICATION BY COLLEGE/UNIVERSITY REPRESENTATIVE

Print Name _____ Title _____

Phone _____ Email _____

Signature _____