



PROVIDENCE CATHOLIC HIGH SCHOOL

1800 W. Lincoln Highway • New Lenox, Illinois 60451 • (815) 485-2136 • www.providencatholic.org

COUNSELING DEPARTMENT

COLLEGE DAY VERIFICATION FORM

I, _____, have taken my college day and visited
(your name)

_____ on _____
(name of college or university) (date)

Signature of Admissions Counselor _____

This form must be returned to the Dean's Office the day you return to Providence.

(rev.6/17)