

College Application/Transcript Submission Request Sheet

TO BE FILLED OUT BY STUDENT

Date submitted: _____

Student Name _____ ID # _____ Counselor: _____

E-Mail: _____

Name of College/University _____

Address _____

College Deadline (Dates)

Early Action: _____

Early Decision: _____

Regular Admission: _____

Naviance – College added to list Fact Sheet/Resume' Number of Recommendations required _____

Type of Application:

On-Line Application

Paper Application

SUNY App SEND EDUC Common App College or University App

Recommendations: (Name of Faculty/Staff) 1) _____ 2) _____ 3) _____

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****MUST BE SUBMITTED AT LEAST 2 WEEKS PRIOR TO DEADLINE**

*****ALL SAT/ACT Scores must be submitted from Testing Service**

Date Received by Counselor: _____