

Name _____ Cell # _____ Counselor _____

College/Scholarship Name & Address : _____

****We recommend that you submit your request to the Counseling Office no later than 2 weeks before the due date to ensure timely processing.****

Application Due Date:

Please Check One:

- _____ Regular Admission
- _____ Rolling Admission
- _____ Early Action
- _____ Early Decision - ****Check box in Naviance**

- ☐ Did you add this college to your list in *NAVIANCE*?
- ☐ Do you want *unofficial* SAT or ACT scores sent ? ☐ NO ☐ YES ACT __ SAT __

****College Board no longer sends us individual AP Test Score Reports. Students will have to request these scores directly from College Board.**

*** REQUEST YOUR MID-YEAR GRADES IF YOUR COLLEGE REQUIRES THEM.***
(Separate Form)

Office Use Only	
Early decision <input type="checkbox"/> (for Naviance)	Common Application <input type="checkbox"/>
Unofficial SAT/ACT Scores <input type="checkbox"/>	NACAC <input type="checkbox"/>
Transcript <input type="checkbox"/>	SUNY <input type="checkbox"/>
Fee waiver <input type="checkbox"/>	
	Date received _____
	Date to Counselor _____
	Date electronically sent _____
	Date mailed _____