

# 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: \_\_\_\_\_

SCOIR – 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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Name of College/University \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

College Deadline (Dates)

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Early Decision: \_\_\_\_\_

Regular Admission: \_\_\_\_\_

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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: \_\_\_\_\_