

TRANSCRIPT REQUEST & COLLEGE APPLICATION CHECK LIST

Today's Date: _____

NAME: _____
(please print)

COLLEGE: _____

SIGNATURE: _____

College Address: _____

Postmark date needed: _____ / ASAP

Materials to be mailed:

Application _____ Application Fee _____

All essays and supplementary materials _____

Teacher Recommendation(s) (form or letter)

Names of Teacher(s): _____

Counselor Recommendation (form or letter) _____

Transcript (test scores are included) _____

Other (Please circle: SCHS profile, resume, or cover letter) _____

FOR OFFICE USE ONLY:

Materials sent via: Mail / Fax / E-mail Date: _____ Completed by: _____

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