

NORTH SHORE HIGH SCHOOL COUNSELING CENTER

College Application Processing Form

Name: _____ Date Submitted: _____ Email: _____ Counselor: _____

NOTE: YOU MUST ENTER YOUR COLLEGES and/or LINK YOU COMMON APP TO NAVIANCE BEFORE SUBMITTING THIS FORM

*Please allow at least 2 weeks prior to your college deadline date to allow time for processing....

| Name of College/University (City and State) | Name of Specific Program/College | ED, EA, REA, Priority, Rolling, Regular | Application Deadline | Did you submit this app? Yes/No | Type of Application: Common App, SUNY, CUNY, School Specific, Coalition | Office Use: Date sent |
|--|-------------------------------------|--|-------------------------|---------------------------------------|---|--------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

Letters of Recommendation:

**** Please Note:** Please confirm that your teachers have what they need to submit your letter of recommendation.

***** Please remember NSHS does not report official test scores.** You are responsible for sending SAT, ACT, AP and IB scores to colleges

******** By signing this form I acknowledge that I have reviewed my high school transcript, it is accurate and ready to send to colleges.

STUDENT SIGNATURE _____ PARENT SIGNATURE _____