COLLEGE PROCESSING FORM
St. Dominic High School

This form needs to be completed for <u>every</u> college application you complete.
*Submit to the guidance office **10 school days** prior to a deadline to allow for proper processing of application materials.*

Student Name: _____ Date of Birth: _____
Last First Month / Day / Year

Counselor: _____ Email Address: _____
Same as Common App

Name of College/University or Scholarship:

Specific Campus (only if applicable):

Type of Application (Check One)	**How are you applying?** (Check One)	**Major you listed on your application:**
□ Common Application □ SUNY Application □ CUNY Application CUNY ID #: _____ □ School Specific/Website □ Coalition Application □ Other (Please Specify):	□ Regular Decision □ Rolling Admission □ Early Action □ Early Decision **Application Due Date:** _____ Date	_____ Major **Teachers writing your letter of recommendation:** 1. _____ 2. _____ 3. _____ *Some colleges limit the number of letters that can be submitted. List your preference of teacher letters to be sent in priority order. We will send the appropriate letters to each school.*

Before you submit this form to the Guidance Office you must:

- Submit a copy of your resume/activity sheet to your counselor
- SAT/ACT scores must be sent directly to each college from your College Board and/or ACT account (CEEB: 334390)
- Request letters of recommendation from your teachers through Naviance
- If using Common App, electronically link your application to your Naviance account in Naviance (only one time)
- Add the above college/university to the "Colleges I'm Applying to" tab in Naviance

I have completed the above and request that my transcript, letters of recommendation, and other school information be sent to the college/university listed on this form.

_____
Student Signature Date

_____
Parent Signature Date

PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

<u>Counselor Review</u>

Please check all completed items: □ Signed FERPA Agreement □ Resume/ Activity Sheet □ Counselor Written Evaluation □ Secondary School Report □ Teacher Letter(s):	Date Form Received: _____ **Date Materials Submitted: _____** Counselor Initials: _____