

ROSLYN HIGH SCHOOL COUNSELING CENTER
College Application Submission Form

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

NOTE: YOU MUST LINK YOUR COMMON APP and MAKE SURE ALL SCHOOLS ARE IN NAVIANCE BEFORE SUBMITTING THIS FORM

Name of College/University	Name of Specific Program/college	ED, EA, REA, Priority, Rolling, Regular	Application Deadline	Did You Submit this App? Date	Have you submitted your scores? Yes, No or Test Optional	Application Type
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

*****Please Note – The Teacher #1 Recommendation will be sent to schools that only accept one (1) teacher recommendation letter*****

Letters of Recommendation:

Teacher #1: _____ Teacher #2: _____

FOR OFFICE USE ONLY
 Date to Counselor: _____ Fee waiver? _____ ED Agreement? _____ Date from Director _____
 This file is complete and ready to submit online.