



Jonathan Dayton High School Student College Application Checklist

Counselor: Hill Renelle Ritter

TRANSCRIPT PROCESSING REQUIRES 5 SCHOOL DAYS FROM DATE OF RECEIPT

Student Name: _____ Today's Date: _____

Student Section:

College Name: _____ Application Deadline: _____

EDocs: Yes No

Mail Submission/NonElectric:

Common Application: Yes No

(Complete below for mail submission only)

Coalition: Yes No

4 Stamps: Yes No

Teacher Recommendation List:

Address: _____

1. _____

2. _____

Guidance Counselor Section:

☐ Common App SR ☐ Written Evaluation

Counselor Signature: _____ Date: _____

Guidance Secretary Section:

☐ Transcript

☐ Profile

☐ Counselor Written Evaluation

☐ Teacher Letter of Recommendation: Available on Naviance and Sent by Submission date ☐ Yes

☐ Other ☐ No

Processed by: _____ Date Sent: _____ Sent Via: _____