



Wall High School College Application Form

This form must be submitted to your school counselor for each college 10 school days prior to the application deadline.

Student's Name: _____

Counselor's Name: _____

College Name: _____

Application Due Date: _____

Which college(s) and/or major(s) you applied under:

(ex: College of Arts & Sciences: Psychology)

Date I applied: _____

If your college application is due:

This form is due to your counselor by:

October 15

October 1

November 1

October 16

November 15

October 29

December 1

November 13

December 15

December 1

January 1

December 10

January 15

January 4

My SCOIR account has been updated:

☐ YES ☐ NO

Application Type:

- ☐ Common App
☐ School Specific Application
☐ SCOIR Application

I applied:

- ☐ Regular Decision
☐ Early Decision (binding)
☐ Early Action (non-binding)
☐ Rolling
☐ Other: _____

Place a check next to supporting documents needed

- ☐ Official Transcript or ☐ STARS
☐ SAT/ACT Scores (sent by student)
☐ Counselor letter of recommendation
☐ Teacher letter(s) of recommendation

If required, please list the names of the teachers in order of which you would like them sent:

1. _____
2. _____
3. _____

**** FOR OFFICE USE ONLY ****

Date Received: _____

Transcript & Materials Sent on: _____

- ☐ via SCOIR
☐ Other _____