



College Tracking Form

College Counseling

I. Student's Name: _____
(Last Name) (First Name) (MI)

II. Date: _____

III. Name of College/University applying to: _____

A. Application Deadline Date: _____

B. Are you using the Common Application? Yes No

Applied Online _____ Hard Copy _____

C. Decision Type (check one): Regular Decision Early Action Early Decision

IV. Student Interest (1st choice, Low, Medium, High): _____

V. Teacher(s) Recommendation Needed: Yes No

Teacher 1: _____ Received: _____

Teacher 2: _____ Received: _____

VI. College Counselor Recommendation Needed: Yes No

VII. Did you submit your Activity Resume? Yes No

VIII. Midyear Report Required: Yes No

IX. Ohio College Prep Form Required Yes No

X. Did you submit your ACT/SAT Test Scores directly to the college named above? Yes No

XI. Did you waive your right to access your college application forms and recommendations? Yes No

Student Signature Date Parent Signature Date

Office Use Only

_____ **Transcript**

_____ **Qtr./Semester Grades**

_____ **Fee (Waived _____) Paid Online**_____

_____ **Teacher Recommendation'(s) (Number Sent _____)**

_____ **Counselor Recommendation**

_____ **Secondary School Report**

_____ **Profile**

_____ **Essay Submitted Online**_____

_____ **Ohio Colleges – Prep Form**

_____ **Activity Resume**

_____ **Test Scores: _____ ACT _____ SAT**

_____ **Schedule**

EXP. _____

Date Sent To College: _____

Submit for Entry: _____

Return Date: _____