



Jonathan Dayton High School Student College Application Checklist

Counselor: Hill Ritter Vecchione

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: _____