

mount pisgah

CHRISTIAN SCHOOL

2020-2021 COLLEGE APPLICATION COVER SHEET

STUDENT: _____ DATE: _____

COLLEGE: _____

___ COALITION APPLICATION ___ COMMON APPLICATION ___ OTHER

APPLICATION DEADLINE: _____

___ ROLLING ___ ED ___ EA/PRIORITY ___ REGULAR DECISION

_____ *I understand that it is my responsibility to have SAT/ACT scores sent directly from College Board or ACT.*
(Student Initials)

TEACHERS WRITING RECOMMENDATION FOR THIS COLLEGE

- Recommendations must be requested before submitting this form.
- Put N/A if not required

1. _____

2. _____

_____ *I have received a confirmation that my application to this college has been submitted.*
(Student Initials)

For Counseling Office Use Only

Date Completed: _____

___ TS ___ SP ___ CC ___ CR ___ TR1 ___ TR2 _____ MYTS (Date Sent)

___ E-DOCS ___ MAIL ___ OTHER