

Application Organization Sheet

Application Deadline	
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	Requested	Received
Catalog	<input type="checkbox"/>	<input type="checkbox"/>
Application	<input type="checkbox"/>	<input type="checkbox"/>
High School Transcript	<input type="checkbox"/>	<input type="checkbox"/>

College Information	
College Name	
Mailing Address	
City, State, Zip	
Admissions Office Phone #	
Website	
Email Address	
College CEEB Code	
High School CEEB Code	

Recommendations		
	Yes	No
Required?	<input type="checkbox"/>	<input type="checkbox"/>
Reference 1		
Requested	<input type="checkbox"/>	
Received	<input type="checkbox"/>	
Thank you sent	<input type="checkbox"/>	
Reference 2		
Requested	<input type="checkbox"/>	
Received	<input type="checkbox"/>	
Thank you sent	<input type="checkbox"/>	
Reference 3		
Requested	<input type="checkbox"/>	
Received	<input type="checkbox"/>	
Thank you sent	<input type="checkbox"/>	

Interview
Required?
Yes No
<input type="checkbox"/> <input type="checkbox"/>
Thank you sent?
Yes No
<input type="checkbox"/> <input type="checkbox"/>
Name of interviewer
Title
Email
Phone

Other
Essays Required?
Yes No
<input type="checkbox"/> <input type="checkbox"/>
First Topic
Complete
<input type="checkbox"/>
Second Topic
Complete
<input type="checkbox"/>
Third Topic
Complete
<input type="checkbox"/>
Other Components?

Visit		
Will you be visiting campus?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Date(s) of visit		
Name of person or event	Date & Time	Location

Contacts		
Name	Phone	Email