

Guidance Services Form (GSF)

This form must be filled out entirely & accurately

Date Submitted to Guidance: _____

Leave blank until submitted

Print Full Name: _____






Student Signature: _____ Student #: _____

College/Scholarship/Program Name: _____

Admissions Office/Mailing Address: _____

City State Zip

How have you applied and how would you like your transcript/documents sent?

-  Common Application
-  Coalition Application
-  Directly to the school (online application)
-  Paper Application
-  1st Quarter Report Card
- I do not need to send my transcript or I have submitted the SSAR

Date Applied: _____
(Required)

What deadline are you applying to? (Please verify deadline directly with college)

- Early Decision (BINDING)
- Restrictive Early Action
- Early Action
- Priority
- Regular Decision
- Rolling Admissions

Deadline Date: _____
(Required)

Recommendation Letters

I do not need any recommendation letters or I have requested recommendation letters from:

	Recommendation Letter	Secondary School Report/ Counselor Form
_____ Counselor	<input type="checkbox"/>	<input type="checkbox"/>
_____ Teacher	<input type="checkbox"/>	<input type="checkbox"/>
_____ Teacher	<input type="checkbox"/>	<input type="checkbox"/>

I am applying **Early Decision** to this school. I have read and understand this college/university's Early Decision Agreement.

YES or NO (circle one)

If YES, parent signature required here

For office use only

Reviewed by _____ Process Date _____ Processed By _____

Card
 Naviance
 Mail
 Fax
 Email
 H/C