

COLLEGE APPLICATION PROCESSING/TRANSCRIPT REQUEST FORM



Mystic Valley Regional Charter School
•306 Highland Avenue• Malden, MA 02148 •Phone (781)-388-2940 •Fax (781)388-2948•
College Counseling Office
Ms. Cappadona, M.Ed

*****Students submitting Early Applications must submit a request no later than October 15, 2009**
Please note: You must submit a request form for **EACH** college/university that you are applying to.

STUDENT NAME (please print): _____

NAME OF COLLEGE/UNIVERSITY/SCHOLARSHIP:

DATE of Request: _____

Please indicate the type of application you are filing and the deadline as dictated by institution.

- Early Decision** (deadline) _____
- Early Action** (deadline) _____
- Regular Decision** (deadline) _____

Check all that apply:

Yes, I submitted my application online _____

I will submit/ have submitted
via *CommonApp*? YES _____ NO _____

Date will I will submit/have
submitted: _____

PLEASE INDICATE HOW YOU WANT THE COLLEGE COUNSELING OFFICE TO ASSIST YOU WITH PROCESSING YOUR APPLICATION - choose one and then complete remaining section

_____ I will pick up the items checked below from the College Counseling office.

_____ I would like the College Counseling office to mail the items checked below.
I've included an envelope addressed with proper postage. (Non CommonAPP ONLY)

PLEASE INDICATE THE ITEMS YOU WOULD LIKE THE COLLEGE COUNSELING OFFICE TO COMPLETE

- Official High School Transcript**
- Unofficial High School Transcript**
- Secondary School Report/Counselor Report** *(You must provide me this form for all Non-common application schools)*
- Counselor Letter of Recommendation**** *(select only when required as part of the application)*
***a self assessment **must** be completed in order to request a recommendation letter*

Mailing Instructions (for NON COMMONAPP ONLY): Please indicate in detail to whom and where your transcript must be sent

Name:

Address:

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(student signature & date)

(Counselor initials/date completed for mailing or pickup)