

St. Dominic High School
Guidance Office

Date Rec'd _____
Rec'd By _____
Date Mailed _____
No Charge for first _____
All others \$4.00 _____

This form **MUST** be submitted for all transcript requests.
Please **ALLOW SEVEN SCHOOL DAYS** for requests to be processed.

STUDENT NAME _____

Name of College or Scholarship _____

Address _____

If application is for a SUNY or Common Application, please list all college names
(addresses not needed)

Application Deadline _____

CHECK ONE

Early Decision _____
Early Action _____
Rolling _____
Regular _____

I have or will apply online _____

I have or will mail application _____

OR

Guidance Office will (check one)

Mail application _____

Mail transcript only _____

Please Include

Resume _____

Essay(s) _____

Application Fee _____

Other: _____

Recommendation(s) _____

