

# COLLEGE APPLICATION CHECKLIST

EMERSON	COLLEGE 1	COLLEGE 2	COLLEGE 3	COLLEGE 4	COLLEGE 5	COLLEGE 6
EDUCATIONAL CONSULTING						
<b>APPLICATION</b>						
Application Type (ED I, ED II, REA, EA, Priority, RD)						
Application Deadline (date)						
High School Deadline for Material (date)						
Application Submitted (date)						
Application Received by college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application Fee Paid (date)						
Supplements Sent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Decision Agreement Submitted (if applying ED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LETTERS OF RECOMMENDATION</b>						
<b>COUNSELOR</b>						
College List Given (date)						
Transcript Requested (date)						
Thank You Note Sent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TEACHER 1 (Name)</b>						
Letter Requested (date)						
Note and Info Sent						
Thank You Note Sent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TEACHER 2 (Name)</b>						
Letter Requested						
Note and Info Sent						
Thank You Note Sent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER (Name)</b>						
Letter Requested						
Note and Info Sent						
Thank You Note Sent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TEST SCORES</b>						
ACT Score Sent (date)						
SAT Score Sent (date)						
SAT II Scores Sent (date)						
AP Scores Sent (date)						
TOEFL Score Sent (date)						
<b>ESSAY</b>						
Proofread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proofread by reading it out loud (not to yourself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proofread for grammatical errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>INTERVIEWS</b>						
Requested (If offered)						
Date of Interview						
Thank You Note Sent						
<b>FINANCIAL AID</b>						
FAFSA Submitted						
CSS Profile Submitted (if needed)						
Institutional Aid Form Submitted (if needed)						
State Aid Form Submitted (if needed)						
Scholarship Application Submitted (if needed)						
<b>COLLEGE OR APPLICATION ACCOUNT</b>						
Name on Application Account						
Password						