BALLARD HIGH SCHOOL
Counseling Department

Name _____ Email _____

College Application and Deadline List

Please give to your Counselor 2 weeks before your first application deadline.

College/University Name	**Application Deadline Date** *(list month and day for type your applying)* Early Decision	Early Action	Regular Decision	**Counselor Letter of Rec** *Yes or No*	**Transcript** *Yes or No*	**Type of Application** *(Common App, Coalition, school specific, other)*

Students are responsible for letting their Counselor know if they (student) add more colleges to this list, after turning it in to them.