

MORRIS CATHOLIC HIGH SCHOOL TRANSCRIPT REQUEST

Regular App _____ Common App _____

Attn: Mrs. Hatcher Re: College Applications

From: _____ Date Received: _____

Transcript Fee: \$4.00 _____ Paid _____ Due _____ Date Mailed: _____
(There will be a fee of 50 cents per page for faxes.)

College: _____

Address: _____

Application: _____ Attached Transcript: _____
_____ Applied On-line

Application Fee: _____ Attached – Check # _____
_____ Paid On-Line
_____ Waived

Applying For: Early Decision - Deadline: _____
Early Action – Deadline: _____
Regular Admission – Deadline: _____

Personal Statement/Essay: _____ Attached Activity Sheet: _____ Attached
_____ Sent On-Line _____ Sent On-Line
_____ Not Required _____ Not Required

Recommendations: _____ Guidance Counselor
_____ Teacher (Names(s)) _____
_____ Non-School (Name(s)) _____
_____ Not Required

INCOMPLETE REQUESTS WILL BE RETURNED TO YOU

Please allow ten working days to process transcript requests. Recommendations will be mailed with the transcript provided they are on file or submitted at the time of the request. Give recommendation requests directly to your counselor or teacher.

For office use only: First Semester grades sent _____