

Ossining High School
Counseling and Development Center
29 South Highland Avenue
Ossining, NY 10562
Phone: 914-762-5760
Fax: 914-941-5265

College Application Contract

Student Name: _____

Counselor Name: _____

Listed below are deadlines required for timely processing of applications:

Application Deadline:

October 15th
November 1st
November 15th
December 1st
December 15th/January 1st

Deadline to notify your counselor:

September 30th
October 14th
November 1st
November 17th
December 1st

It is the student's responsibility to obtain and complete the entire application. You should bring your application to your guidance counselor for review, to answer questions, or to offer suggestions. It is the student's responsibility to submit their application online. You must notify your counselor by the listed deadline above. The counselor is responsible for sending the secondary school reports which include transcripts and letters of recommendation. **Failure to adhere to these deadlines will delay the processing of your applications.**

- Transcripts or letters of recommendation will not be sent without the submission of a transcript request form.
- No requests will be accepted via email.

(Print/Tear off and return to your guidance counselor)

NAME: _____

I acknowledge that I have read and agree to the terms stated in the contract.

Student Signature: _____

Parent Signature: _____

Please return to your guidance counselor by September 30, 2022