Holy Cross Mid-Year Transcript Processing Form

Student's Name:		Counselor's Name:		
Name of College: College Ap			oplication Deadline:	
Address of College:				
			Zip code:	
Type of Application (Ch	eck ONE of the THREE items belov	v as it applies to th	e type of application you submitted)	
Common Applica	ition			
Specific College A	Application (Applications submitte	d directly on the c	ollege/university website)	
CUNY (Please list	all of the CUNY colleges you appli	ed to below.		
1	2	3		
4.	5	6.		
*NOTE: CUNY scho	ols do NOT require the Mid –Yea	r Transcript, howe	ver you may choose to send it.	
Student Signature			Data	
	n to Holy Cross Guidance Departm		Date ranscripts, etc., to the college listed above.)	
*********	**************(To be filled out by the G	Guidance office)****	**************	
Date received:	_ Date uploaded to Nav	riance/mailed:		
Common Application:	Mid-year Transcript			
CUNY application:	CUNY Mid-year Transcri	ot		
Non Common Application:	Mid-year Transcript			