Name:	Email Address:
Name: Email Address:	
To provide you with first-class s information and return to Mr. To completed online, saved to your complete, and drop off the form that appointments may be cance. Note: This form is to be used by	Solve Counseling: Pre-Counseling Form  Service during your college counseling session, please complete the following findell at least 3-days prior to your scheduled appointment. This form may be computer, and emailed as a standard attachment; however, you may also print, a to me in Office 1210. Please respect the 3-days prior request. Please understand led if this form isn't received by the requested deadline.  If y current seniors only and should not be submitted until on/after August 8, at schedule isn't amenable to meeting with underclassmen for college counseling.
	ies of interest (dream, realistics, and fallback—or your top <i>realistic</i> ou're set on where you'd like to attend):
(2) Regarding application for action, or regular decision)?	college admission, when do you plan to apply (early decision, early
(3) Intended Major/Program-	-of-Study?
(3b) Intended Minor (if	applicable)?
(4) What are your career goa	ls and/or professional plans?
	reparation for college expenses and affordability, where do you stand e—financial aid/student loans, scholarships, work-study, etc.)?
(6) List all ACT and/or SAT sco	ores to date (sub-scores and composite scores are requested):

(7) How may I **best** serve you during our college counseling session (specific needs, questions, etc.)?