Name:	Email Address:
Cell Phone:	
In an effort to provide you with complete the following information appointment. This form may be attachment; however, you may	College Counseling: Pre-Counseling Form In first-class service during your college counseling session, please ation and return to Mr. Tindell at least 3-days prior to your scheduled be completed online, saved to your computer, and emailed as a standard also print, complete, and drop off the form to Mr. Tindell in Office is prior request. Please understand that appointments may be cancelled if requested deadline.
	s of interest (a maximum of 3-5 schools per session —dream, realistic(s), istic schools—or "the" school, if you're set on where you'd like to
(2) Regarding application for cation, or regular decision)?	ollege admissions, when do you plan to apply (early decision, early
(3) Intended Major/Program-o	of-Study?
(3b) Intended Minor (if a	pplicable)?
(4) What are your career goals	and/or professional plans?
- · · · · ·	paration for college expenses and affordability, where do you stand —financial aid/student loans, scholarships, work-study, etc.)?
(6) List all ACT and/or SAT score	es 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.)?