



# Solutions Globali

## University Application Tracker *Use this to stay on top of things and apply with confidence.*

Target school 1: \_\_\_\_\_ Location: \_\_\_\_\_

Student name: \_\_\_\_\_ Target entry term (e.g., Fall 2027): \_\_\_\_\_

Application type (circle one): Regular/Early Action/Early Decision/Rolling/Other: \_\_\_\_\_

Application deadline: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Scholarship / funding deadline: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My internal "ready to submit" date (1–2 weeks before the official deadline): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

| Requirement                                                                 | Status                                                                                                                                        | Notes        |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Core Elements</b>                                                        |                                                                                                                                               |              |
| Online application form                                                     |                                                                                                                                               |              |
| Application fee                                                             |                                                                                                                                               |              |
| Portfolio                                                                   |                                                                                                                                               |              |
| Main personal statement                                                     |                                                                                                                                               |              |
| Program-specific essay(s)                                                   |                                                                                                                                               |              |
| CV/résumé                                                                   |                                                                                                                                               |              |
|                                                                             |                                                                                                                                               |              |
| <b>Recommendations</b>                                                      |                                                                                                                                               |              |
| Number required:                                                            |                                                                                                                                               |              |
| Recommender 1<br>Name:                                                      | <input type="checkbox"/> Asked <input type="checkbox"/> Packet Shared<br><input type="checkbox"/> Submitted <input type="checkbox"/> Received |              |
| Recommender 2<br>Name:                                                      | <input type="checkbox"/> Asked <input type="checkbox"/> Packet Shared<br><input type="checkbox"/> Submitted <input type="checkbox"/> Received |              |
| Recommender 3:<br>Name:                                                     | <input type="checkbox"/> Asked <input type="checkbox"/> Packet Shared<br><input type="checkbox"/> Submitted <input type="checkbox"/> Received |              |
|                                                                             |                                                                                                                                               |              |
| <b>Tests &amp; documents</b>                                                |                                                                                                                                               |              |
| Test scores (SAT/Language)                                                  | <input type="checkbox"/> Not required.                                                                                                        |              |
|                                                                             | <input type="checkbox"/> Required. Sent: ____ / ____ / ____                                                                                   |              |
| Transcripts                                                                 | Requested: ____ / ____ / ____                                                                                                                 |              |
|                                                                             | <input type="checkbox"/> Received <input type="checkbox"/> Uploaded                                                                           |              |
| ID copy/passport                                                            | <input type="checkbox"/> Uploaded                                                                                                             |              |
|                                                                             |                                                                                                                                               |              |
| <b>Other</b>                                                                |                                                                                                                                               |              |
| Interview                                                                   | <input type="checkbox"/> Not required                                                                                                         |              |
|                                                                             | <input type="checkbox"/> Done. Date: ____ / ____ / ____                                                                                       |              |
| Video/recorded response                                                     | <input type="checkbox"/> Not started <input type="checkbox"/> In progress<br><input type="checkbox"/> Done                                    |              |
| Other:                                                                      | <input type="checkbox"/> Not started <input type="checkbox"/> In progress<br><input type="checkbox"/> Done                                    |              |
| <b>FINAL CHECKS</b>                                                         | <b>Reviews</b>                                                                                                                                | <b>Notes</b> |
| <input type="checkbox"/> I've checked the portal for any missing items.     | Checked: ____ / ____ / ____                                                                                                                   |              |
| <input type="checkbox"/> I've reviewed all uploads (portfolio, essays, CV). | Reviewed: ____ / ____ / ____                                                                                                                  |              |
| <input type="checkbox"/> I've submitted the application.                    | Date: ____ / ____ / ____                                                                                                                      |              |
| <input type="checkbox"/> I've saved or printed the confirmation.            | Confirmed: ____ / ____ / ____                                                                                                                 |              |

Target school 2: \_\_\_\_\_ Location: \_\_\_\_\_

Student name: \_\_\_\_\_ Target entry term (e.g., Fall 2027): \_\_\_\_\_

Application type (circle one): Regular/Early Action/Early Decision/Rolling/Other: \_\_\_\_\_

Application deadline: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Scholarship / funding deadline: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My internal "ready to submit" date (1–2 weeks before the official deadline): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

| Requirement                                                                 | Status                                                                                                                                        | Notes        |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Core Elements</b>                                                        |                                                                                                                                               |              |
| Online application form                                                     |                                                                                                                                               |              |
| Application fee                                                             |                                                                                                                                               |              |
| Portfolio                                                                   |                                                                                                                                               |              |
| Main personal statement                                                     |                                                                                                                                               |              |
| Program-specific essay(s)                                                   |                                                                                                                                               |              |
| CV/résumé                                                                   |                                                                                                                                               |              |
|                                                                             |                                                                                                                                               |              |
| <b>Recommendations</b>                                                      |                                                                                                                                               |              |
| Number required:                                                            |                                                                                                                                               |              |
| Recommender 1<br>Name:                                                      | <input type="checkbox"/> Asked <input type="checkbox"/> Packet Shared<br><input type="checkbox"/> Submitted <input type="checkbox"/> Received |              |
| Recommender 2<br>Name:                                                      | <input type="checkbox"/> Asked <input type="checkbox"/> Packet Shared<br><input type="checkbox"/> Submitted <input type="checkbox"/> Received |              |
| Recommender 3:<br>Name:                                                     | <input type="checkbox"/> Asked <input type="checkbox"/> Packet Shared<br><input type="checkbox"/> Submitted <input type="checkbox"/> Received |              |
|                                                                             |                                                                                                                                               |              |
| <b>Tests &amp; documents</b>                                                |                                                                                                                                               |              |
| Test scores (SAT/Language)                                                  | <input type="checkbox"/> Not required.                                                                                                        |              |
|                                                                             | <input type="checkbox"/> Required. Sent: ____ / ____ / ____                                                                                   |              |
| Transcripts                                                                 | Requested: ____ / ____ / ____                                                                                                                 |              |
|                                                                             | <input type="checkbox"/> Received <input type="checkbox"/> Uploaded                                                                           |              |
| ID copy/passport                                                            | <input type="checkbox"/> Uploaded                                                                                                             |              |
|                                                                             |                                                                                                                                               |              |
| <b>Other</b>                                                                |                                                                                                                                               |              |
| Interview                                                                   | <input type="checkbox"/> Not required                                                                                                         |              |
|                                                                             | <input type="checkbox"/> Done. Date: ____ / ____ / ____                                                                                       |              |
| Video/recorded response                                                     | <input type="checkbox"/> Not started <input type="checkbox"/> In progress<br><input type="checkbox"/> Done                                    |              |
| Other:                                                                      | <input type="checkbox"/> Not started <input type="checkbox"/> In progress<br><input type="checkbox"/> Done                                    |              |
| <b>FINAL CHECKS</b>                                                         | <b>Reviews</b>                                                                                                                                | <b>Notes</b> |
| <input type="checkbox"/> I've checked the portal for any missing items.     | Checked: ____ / ____ / ____                                                                                                                   |              |
| <input type="checkbox"/> I've reviewed all uploads (portfolio, essays, CV). | Reviewed: ____ / ____ / ____                                                                                                                  |              |
| <input type="checkbox"/> I've submitted the application.                    | Date: ____ / ____ / ____                                                                                                                      |              |
| <input type="checkbox"/> I've saved or printed the confirmation.            | Confirmed: ____ / ____ / ____                                                                                                                 |              |

Target school 3: \_\_\_\_\_ Location: \_\_\_\_\_

Student name: \_\_\_\_\_ Target entry term (e.g., Fall 2027): \_\_\_\_\_

Application type (circle one): Regular/Early Action/Early Decision/Rolling/Other: \_\_\_\_\_

Application deadline: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Scholarship / funding deadline: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My internal "ready to submit" date (1–2 weeks before the official deadline): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

| Requirement                                                                 | Status                                                                                                                                        | Notes        |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Core Elements</b>                                                        |                                                                                                                                               |              |
| Online application form                                                     |                                                                                                                                               |              |
| Application fee                                                             |                                                                                                                                               |              |
| Portfolio                                                                   |                                                                                                                                               |              |
| Main personal statement                                                     |                                                                                                                                               |              |
| Program-specific essay(s)                                                   |                                                                                                                                               |              |
| CV/résumé                                                                   |                                                                                                                                               |              |
|                                                                             |                                                                                                                                               |              |
| <b>Recommendations</b>                                                      |                                                                                                                                               |              |
| Number required:                                                            |                                                                                                                                               |              |
| Recommender 1<br>Name:                                                      | <input type="checkbox"/> Asked <input type="checkbox"/> Packet Shared<br><input type="checkbox"/> Submitted <input type="checkbox"/> Received |              |
| Recommender 2<br>Name:                                                      | <input type="checkbox"/> Asked <input type="checkbox"/> Packet Shared<br><input type="checkbox"/> Submitted <input type="checkbox"/> Received |              |
| Recommender 3:<br>Name:                                                     | <input type="checkbox"/> Asked <input type="checkbox"/> Packet Shared<br><input type="checkbox"/> Submitted <input type="checkbox"/> Received |              |
|                                                                             |                                                                                                                                               |              |
| <b>Tests &amp; documents</b>                                                |                                                                                                                                               |              |
| Test scores (SAT/Language)                                                  | <input type="checkbox"/> Not required.                                                                                                        |              |
|                                                                             | <input type="checkbox"/> Required. Sent: ____ / ____ / ____                                                                                   |              |
| Transcripts                                                                 | Requested: ____ / ____ / ____                                                                                                                 |              |
|                                                                             | <input type="checkbox"/> Received <input type="checkbox"/> Uploaded                                                                           |              |
| ID copy/passport                                                            | <input type="checkbox"/> Uploaded                                                                                                             |              |
|                                                                             |                                                                                                                                               |              |
| <b>Other</b>                                                                |                                                                                                                                               |              |
| Interview                                                                   | <input type="checkbox"/> Not required                                                                                                         |              |
|                                                                             | <input type="checkbox"/> Done. Date: ____ / ____ / ____                                                                                       |              |
| Video/recorded response                                                     | <input type="checkbox"/> Not started <input type="checkbox"/> In progress<br><input type="checkbox"/> Done                                    |              |
| Other:                                                                      | <input type="checkbox"/> Not started <input type="checkbox"/> In progress<br><input type="checkbox"/> Done                                    |              |
| <b>FINAL CHECKS</b>                                                         | <b>Reviews</b>                                                                                                                                | <b>Notes</b> |
| <input type="checkbox"/> I've checked the portal for any missing items.     | Checked: ____ / ____ / ____                                                                                                                   |              |
| <input type="checkbox"/> I've reviewed all uploads (portfolio, essays, CV). | Reviewed: ____ / ____ / ____                                                                                                                  |              |
| <input type="checkbox"/> I've submitted the application.                    | Date: ____ / ____ / ____                                                                                                                      |              |
| <input type="checkbox"/> I've saved or printed the confirmation.            | Confirmed: ____ / ____ / ____                                                                                                                 |              |

Target school 4: \_\_\_\_\_ Location: \_\_\_\_\_

Student name: \_\_\_\_\_ Target entry term (e.g., Fall 2027): \_\_\_\_\_

Application type (circle one): Regular/Early Action/Early Decision/Rolling/Other: \_\_\_\_\_

Application deadline: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Scholarship / funding deadline: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My internal "ready to submit" date (1–2 weeks before the official deadline): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

| Requirement                                                                 | Status                                                                                                                                        | Notes        |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Core Elements</b>                                                        |                                                                                                                                               |              |
| Online application form                                                     |                                                                                                                                               |              |
| Application fee                                                             |                                                                                                                                               |              |
| Portfolio                                                                   |                                                                                                                                               |              |
| Main personal statement                                                     |                                                                                                                                               |              |
| Program-specific essay(s)                                                   |                                                                                                                                               |              |
| CV/résumé                                                                   |                                                                                                                                               |              |
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| <b>Recommendations</b>                                                      |                                                                                                                                               |              |
| Number required:                                                            |                                                                                                                                               |              |
| Recommender 1<br>Name:                                                      | <input type="checkbox"/> Asked <input type="checkbox"/> Packet Shared<br><input type="checkbox"/> Submitted <input type="checkbox"/> Received |              |
| Recommender 2<br>Name:                                                      | <input type="checkbox"/> Asked <input type="checkbox"/> Packet Shared<br><input type="checkbox"/> Submitted <input type="checkbox"/> Received |              |
| Recommender 3:<br>Name:                                                     | <input type="checkbox"/> Asked <input type="checkbox"/> Packet Shared<br><input type="checkbox"/> Submitted <input type="checkbox"/> Received |              |
|                                                                             |                                                                                                                                               |              |
| <b>Tests &amp; documents</b>                                                |                                                                                                                                               |              |
| Test scores (SAT/Language)                                                  | <input type="checkbox"/> Not required.                                                                                                        |              |
|                                                                             | <input type="checkbox"/> Required. Sent: ____ / ____ / ____                                                                                   |              |
| Transcripts                                                                 | Requested: ____ / ____ / ____                                                                                                                 |              |
|                                                                             | <input type="checkbox"/> Received <input type="checkbox"/> Uploaded                                                                           |              |
| ID copy/passport                                                            | <input type="checkbox"/> Uploaded                                                                                                             |              |
|                                                                             |                                                                                                                                               |              |
| <b>Other</b>                                                                |                                                                                                                                               |              |
| Interview                                                                   | <input type="checkbox"/> Not required                                                                                                         |              |
|                                                                             | <input type="checkbox"/> Done. Date: ____ / ____ / ____                                                                                       |              |
| Video/recorded response                                                     | <input type="checkbox"/> Not started <input type="checkbox"/> In progress<br><input type="checkbox"/> Done                                    |              |
| Other:                                                                      | <input type="checkbox"/> Not started <input type="checkbox"/> In progress<br><input type="checkbox"/> Done                                    |              |
| <b>FINAL CHECKS</b>                                                         | <b>Reviews</b>                                                                                                                                | <b>Notes</b> |
| <input type="checkbox"/> I've checked the portal for any missing items.     | Checked: ____ / ____ / ____                                                                                                                   |              |
| <input type="checkbox"/> I've reviewed all uploads (portfolio, essays, CV). | Reviewed: ____ / ____ / ____                                                                                                                  |              |
| <input type="checkbox"/> I've submitted the application.                    | Date: ____ / ____ / ____                                                                                                                      |              |
| <input type="checkbox"/> I've saved or printed the confirmation.            | Confirmed: ____ / ____ / ____                                                                                                                 |              |