

APPLICANT

Legal Name _____
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.

Preferred name, if not first name (only one) _____ Former last name(s) _____

Birth Date _____ ☐ Female ☐ Male mm/dd/yyyy US Social Security Number, if any _____
Required for US Citizens and Permanent Residents applying for financial aid via FAFSA

Preferred Telephone ☐ Home ☐ Cell Home (_____) _____ Cell (_____) _____
Area/Country/City Code Area/Country/City Code

E-mail Address _____ IM Address _____

Permanent home address _____
Number & Street Apartment #

City/Town _____ County or Parish _____ State/Province _____ Country _____ ZIP/Postal Code _____

If different from above, please give your current mailing address for all admission correspondence. (from _____ to _____)
(mm/dd/yyyy) (mm/dd/yyyy)

Current mailing address _____
Number & Street Apartment #

City/Town _____ County or Parish _____ State/Province _____ Country _____ ZIP/Postal Code _____

If your current mailing address is a boarding school, include name of school here: _____

FUTURE PLANS

Your answers to these questions will vary for different colleges. If the online system did not ask you to answer some of the questions you see in this section, this college chose not to ask that question of its applicants.

College _____ Deadline _____
mm/dd/yyyy

Entry Term: ☐ Fall (Jul-Dec) ☐ Spring (Jan-Jun)

Decision Plan _____

Academic Interests _____

Career Interest _____

Do you intend to apply for need-based financial aid? ☐ Yes ☐ No

Do you intend to apply for merit-based scholarships? ☐ Yes ☐ No

Do you intend to be a full-time student? ☐ Yes ☐ No

Do you intend to enroll in a degree program your first year? ☐ Yes ☐ No

Do you intend to live in college housing? _____

What is the highest degree you intend to earn? _____

DEMOGRAPHICS

Citizenship Status _____

Non-US Citizenship _____

Birthplace _____
City/Town State/Province Country

Years lived in the US? _____ Years lived outside the US? _____

Language Proficiency (Check all that apply.)
S(Speak) R(Read) W(Write) F(First Language) H(Spoken at Home)

	S	R	W	F	H
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

Optional The items with a gray background are optional. No information you provide will be used in a discriminatory manner.

Religious Preference _____

US Armed Services veteran status _____

1. Are you Hispanic/Latino?
☐ Yes, Hispanic or Latino (including Spain) ☐ No If yes, please describe your background. _____

2. Regardless of your answer to the prior question, please indicate how you identify yourself. (Check one or more and describe your background.)

☐ American Indian or Alaska Native (including all Original Peoples of the Americas)
Are you Enrolled? ☐ Yes ☐ No If yes, please enter Tribal Enrollment Number _____

☐ Asian (including Indian subcontinent and Philippines) _____

☐ Black or African American (including Africa and Caribbean) _____

☐ Native Hawaiian or Other Pacific Islander (Original Peoples) _____

☐ White (including Middle Eastern) _____

FAMILY

Please list both parents below, even if one or more is deceased or no longer has legal responsibilities toward you. Many colleges collect this information for demographic purposes even if you are an adult or an emancipated minor. If you are a minor with a legal guardian (an individual or government entity), then please list that information below as well. If you wish, you may list step-parents and/or other adults with whom you reside, or who otherwise care for you, in the Additional Information section.

Household

Parents' marital status (relative to each other): ☐ Never Married ☐ Married ☐ Civil Union/Domestic Partners ☐ Widowed ☐ Separated ☐ Divorced (date _____)

With whom do you make your permanent home? ☐ Parent 1 ☐ Parent 2 ☐ Both ☐ Legal Guardian ☐ Ward of the Court/State ☐ Other mm/yyyy

If you have children, how many? _____

Parent 1: ☐ Mother ☐ Father ☐ Unknown

Is Parent 1 living? ☐ Yes ☐ No (Date Deceased _____)
mm/yyyy

Last/Family/Sur First/Given Middle Title (Mr./Mrs./Ms./Dr.)

Country of birth _____

Home address **if different** from yours

Preferred Telephone: ☐ Home ☐ Cell ☐ Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

College (if any) _____ CEEB _____

Degree _____ Year _____

Graduate School (if any) _____ CEEB _____

Degree _____ Year _____

Parent 2: ☐ Mother ☐ Father ☐ Unknown

Is Parent 2 living? ☐ Yes ☐ No (Date Deceased _____)
mm/yyyy

Last/Family/Sur First/Given Middle Title (Mr./Mrs./Ms./Dr.)

Country of birth _____

Home address **if different** from yours

Preferred Telephone: ☐ Home ☐ Cell ☐ Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

College (if any) _____ CEEB _____

Degree _____ Year _____

Graduate School (if any) _____ CEEB _____

Degree _____ Year _____

Legal Guardian (if other than a parent)

Relationship to you _____

Last/Family/Sur First/Given Middle Title (Mr./Mrs./Ms./Dr.)

Country of birth _____

Home address **if different** from yours

Preferred Telephone: ☐ Home ☐ Cell ☐ Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

College (if any) _____ CEEB _____

Degree _____ Year _____

Graduate School (if any) _____ CEEB _____

Degree _____ Year _____

Siblings

Please give names and ages of your brothers or sisters. If they are enrolled in grades K-12 (or international equivalent), list their grade levels. If they have attended or are currently attending college, give the names of the undergraduate institution, degree earned, and approximate dates of attendance. If more than three siblings, please list them in the Additional Information section.

Name Age & Grade Relationship

College Attended _____ CEEB _____

Degree earned _____ Dates _____
mm/yyyy – mm/yyyy

Name Age & Grade Relationship

College Attended _____ CEEB _____

Degree earned _____ Dates _____
mm/yyyy – mm/yyyy

Name Age & Grade Relationship

College Attended _____ CEEB _____

Degree earned _____ Dates _____
mm/yyyy – mm/yyyy

EDUCATION

Secondary Schools

Most recent secondary school attended _____

Entry Date _____ Graduation Date _____ School Type: ☐ Public ☐ Charter ☐ Independent ☐ Religious ☐ Home School
mm/yyyy mm/dd/yyyy

Address _____ CEEB/ACT Code _____
Number & Street

City/Town State/Province Country ZIP/Postal Code

Counselor's Name _____ Counselor's Title _____

E-mail _____ Telephone (_____) _____ Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number

List all other secondary schools you have attended since 9th grade, including summer schools or enrichment programs hosted on a secondary school campus:

School Name & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	Dates Attended (mm/yyyy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any community program/organization that has provided free assistance with your application process: _____

If your education was or will be interrupted, please indicate so here and provide details in the Additional Information section: _____

Colleges & Universities Report all college attendance (including online) since 9th grade and indicate as College Course (CO) or Enrichment Program (EP) hosted on a college campus.

College/University Name & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	Degree Candidate?	CO	EP	Dates Attended mm/yyyy – mm/yyyy	Degree Earned
		Yes No				
_____	_____	☐ ☐	☐	☐	_____	_____
_____	_____	☐ ☐	☐	☐	_____	_____
_____	_____	☐ ☐	☐	☐	_____	_____

Were you issued a transcript for any work listed above? ☐ Yes ☐ No If yes, please have an official transcript sent as soon as possible.

ACADEMICS

The self-reported information in this section is not intended to take the place of your official records. Please note the requirements of each institution to which you are applying and arrange for official transcripts and score reports to be sent from your secondary school and the appropriate testing agencies. Where “Best Scores” are requested, please report the highest individual scores you have earned so far, even if those scores are from different test dates.

Grades Class Rank _____ Class Size _____ Weighted? ☐ Yes ☐ No GPA _____ Scale _____ Weighted? ☐ Yes ☐ No
(if available) (if available)

ACT Exam Dates: _____ Best Scores: _____
(past & future) mm/yyyy mm/yyyy mm/yyyy (so far)
COMP mm/yyyy English mm/yyyy Math mm/yyyy
Reading mm/yyyy Science mm/yyyy Writing mm/yyyy

SAT Exam Dates: _____ Best Scores: _____
(past & future) mm/yyyy mm/yyyy mm/yyyy (so far)
Critical Reading mm/yyyy Math mm/yyyy Writing mm/yyyy

TOEFL/IELTS Exam Dates: _____ Best Score: _____
(past & future) mm/yyyy mm/yyyy mm/yyyy (so far)
Test Score mm/yyyy

AP/IB/SAT Subjects Best Scores: _____
(per subject, so far) mm/yyyy

Type & Subject	Score	mm/yyyy	Type & Subject	Score	mm/yyyy
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Current Courses Please indicate title, level (AP, IB, advanced honors, etc.) and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.

Full Year/First Semester/First Trimester	Second Semester/Trimester	Third Trimester or additional first/second term courses if more space is needed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors Briefly list any academic distinctions or honors you have received since the 9th grade or international equivalent (e.g., National Merit, Cum Laude Society).
S(School) S/R(State or Regional) N(National) I(International)

Grade level or post-graduate (PG)	Honor	Highest Level of Recognition
9 10 11 12 PG		S S/R N I
☐ ☐ ☐ ☐ ☐	_____	☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐	_____	☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐	_____	☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐	_____	☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐	_____	☐ ☐ ☐ ☐

EXTRACURRICULAR ACTIVITIES & WORK EXPERIENCE

Extracurricular Please list your **principal** extracurricular, volunteer, and work activities **in their order of importance to you**. Feel free to group your activities and paid work experience separately if you prefer. Use the space available to provide details of your activities and accomplishments (specific events, varsity letter, musical instrument, employer, etc.). **To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé.**

Grade level or post-graduate (PG)	Approximate time spent	When did you participate in the activity?	Positions held, honors won, letters earned, or employer	If applicable, do you plan to participate in college?
9 10 11 12 PG	Hours per week	Weeks per year	School year Summer/School Break	
☐ ☐ ☐ ☐ ☐	_____	_____	☐ ☐	_____ ☐
Activity _____				
☐ ☐ ☐ ☐ ☐	_____	_____	☐ ☐	_____ ☐
Activity _____				
☐ ☐ ☐ ☐ ☐	_____	_____	☐ ☐	_____ ☐
Activity _____				
☐ ☐ ☐ ☐ ☐	_____	_____	☐ ☐	_____ ☐
Activity _____				
☐ ☐ ☐ ☐ ☐	_____	_____	☐ ☐	_____ ☐
Activity _____				
☐ ☐ ☐ ☐ ☐	_____	_____	☐ ☐	_____ ☐
Activity _____				
☐ ☐ ☐ ☐ ☐	_____	_____	☐ ☐	_____ ☐
Activity _____				
☐ ☐ ☐ ☐ ☐	_____	_____	☐ ☐	_____ ☐
Activity _____				

WRITING

Please briefly elaborate on one of your extracurricular activities or work experiences in the space below.

Please write an essay of 250 – 500 words on a topic of your choice or on one of the options listed below, and attach it to your application before submission. **Please indicate your topic by checking the appropriate box.** This personal essay helps us become acquainted with you as a person and student, apart from courses, grades, test scores, and other objective data. It will also demonstrate your ability to organize your thoughts and express yourself. *NOTE: Your Common Application essay should be the same for all colleges. Do not customize it in any way for individual colleges. Colleges that want customized essay responses will ask for them on a supplement form.*

- ☐ ❶ Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
- ☐ ❷ Discuss some issue of personal, local, national, or international concern and its importance to you.
- ☐ ❸ Indicate a person who has had a significant influence on you, and describe that influence.
- ☐ ❹ Describe a character in fiction, a historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
- ☐ ❺ A range of academic interests, personal perspectives, and life experiences adds much to the educational mix. Given your personal background, describe an experience that illustrates what you would bring to the diversity in a college community or an encounter that demonstrated the importance of diversity to you.
- ☐ ❻ Topic of your choice.

Additional Information Please attach a separate sheet if you wish to provide details of circumstances or qualifications not reflected in the application.

Disciplinary History

- ❶ Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution. ☐ Yes ☐ No
- ❷ Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? ☐ Yes ☐ No
[Note that you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]

If you answered “yes” to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

Note: Applicants are expected to immediately notify the institutions to which they are applying should there be any changes to the information requested in this application, including disciplinary history.

SIGNATURE

Application Fee Payment If this college requires an application fee, how will you be paying it?

- ☐ Online Payment ☐ Will Mail Payment ☐ Online Fee Waiver Request ☐ Will Mail Fee Waiver Request

Required Signature

- ☐ I certify that all information submitted in the admission process—including the application, the personal essay, any supplements, and any other supporting materials—is my own work, factually true, and honestly presented, and that these documents will become the property of the institutions to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have certified be false.
- ☐ I acknowledge that I have reviewed the application instructions for each college receiving this application. I understand that all offers of admission are conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based, as well as honorable dismissal from the school.
- ☐ I affirm that I will send an enrollment deposit (or equivalent) to only one institution; sending multiple deposits (or equivalent) may result in the withdrawal of my admission offers from all institutions. [Note: Students may send an enrollment deposit (or equivalent) to a second institution where they have been admitted from the waitlist, provided that they inform the first institution that they will no longer be enrolling.]

Signature 

Date _____

mm/dd/yyyy

Common Application member institution admission offices do not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, sex, age, marital status, parental status, physical disability, learning disability, political affiliation, veteran status, or sexual orientation.

TO THE APPLICANT

After completing all the relevant questions below, give this form to a teacher who has taught you an **academic** subject (for example, English, foreign language, math, science, or social studies). **If applying via mail**, please also give that teacher stamped envelopes addressed to each institution that requires a Teacher Evaluation.

Legal Name _____ ☐ Female
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc. ☐ Male

Birth Date _____ CAID (Common App ID) _____
mm/dd/yyyy

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____ CEEB/ACT Code _____

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (*see list at www.commonapp.org/FERPA*).

2. You waive your right to access below, regardless of the institution to which it is sent:

☐ Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

☐ No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature _____ Date _____

TO THE TEACHER

The Common Application membership finds candid evaluations helpful in choosing from among highly qualified candidates. You are encouraged to keep this form in your private files for use should the student need additional recommendations. Please submit your references promptly, **and remember to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices.**

Teacher's Name (Mr./Mrs./Ms./Dr.) _____ Subject Taught _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

Secondary School _____

School Address _____
Number & Street City/Town State/Province Country ZIP/Postal Code

Teacher's Telephone (_____) _____ Teacher's E-mail _____
Area/Country/City Code Number Ext.

Background Information

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

In which grade level(s) was the student enrolled when you taught him/her? ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Other _____

List the courses in which you have taught this student, including the level of course difficulty (AP, IB, accelerated, honors, elective; 100-level, 200-level; etc.).

Ratings Compared to other students in his or her class year, how do you rate this student in terms of:

		No basis Below average Average Good (above average) Very good (well above average) Excellent (top 10%) Outstanding (top 5%) One of the top few I've encountered (top 1%)						
	Academic achievement							
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Productive class discussion							
	Respect accorded by faculty							
	Disciplined work habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Concern for others							
	Self-confidence							
	Initiative, independence							
	OVERALL							

Evaluation Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)

TO THE APPLICANT

After completing all the relevant questions below, give this form to a teacher who has taught you an **academic** subject (for example, English, foreign language, math, science, or social studies). **If applying via mail**, please also give that teacher stamped envelopes addressed to each institution that requires a Teacher Evaluation.

Legal Name _____ ☐ Female
☐ Male
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.

Birth Date _____ CAID (Common App ID) _____
mm/dd/yyyy

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____ CEEB/ACT Code _____

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (*see list at www.commonapp.org/FERPA*).

2. You waive your right to access below, regardless of the institution to which it is sent:

☐ Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

☐ No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature _____ Date _____

TO THE TEACHER

The Common Application membership finds candid evaluations helpful in choosing from among highly qualified candidates. You are encouraged to keep this form in your private files for use should the student need additional recommendations. Please submit your references promptly, **and remember to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices.**

Teacher's Name (Mr./Mrs./Ms./Dr.) _____ Subject Taught _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

Secondary School _____

School Address _____
Number & Street City/Town State/Province Country ZIP/Postal Code

Teacher's Telephone (_____) _____ Teacher's E-mail _____
Area/Country/City Code Number Ext.

Background Information

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

In which grade level(s) was the student enrolled when you taught him/her? ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Other _____

List the courses in which you have taught this student, including the level of course difficulty (AP, IB, accelerated, honors, elective; 100-level, 200-level; etc.).

Ratings Compared to other students in his or her class year, how do you rate this student in terms of:

		No basis Below average Average Good (above average) Very good (well above average) Excellent (top 10%) Outstanding (top 5%) One of the top few I've encountered (top 1%)						
	Academic achievement							
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Productive class discussion							
	Respect accorded by faculty							
	Disciplined work habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Concern for others							
	Self-confidence							
	Initiative, independence							
	OVERALL							

Evaluation Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)

TO THE APPLICANT

After completing all the relevant questions below, give this form to your secondary school counselor or another school official who knows you better. **If applying via mail**, please also give that school official stamped envelopes addressed to each institution that requires a School Report.

Legal Name _____ ☐ Female
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc. ☐ Male

Birth Date _____ CAID (Common App ID) _____
mm/dd/yyyy

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____ CEEB/ACT Code _____

Current year courses—please indicate title, level (AP, IB, advanced honors, etc.) and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.

Full Year/First Semester/First Trimester	Second Semester/Second Trimester	Third Trimester or additional first/second term courses if more space is needed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT PRIVACY NOTE: By signing this form, I authorize all schools that I have attended to release all requested records covered under the Family Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by The Common Application member institution(s) to which I am applying. I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (*see list at www.commonapp.org/FERPA*).
2. I waive my right to access below, regardless of the institution to which it is sent:

- ☐ Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
- ☐ No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature  _____ Date _____

TO THE SECONDARY SCHOOL COUNSELOR

Attach applicant's official transcript, including courses in progress, a school profile, and transcript legend. (Check transcript copies for readability.) Use both pages to complete your evaluation for this student. **Be sure to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices.**

Counselor's Name (Mr./Mrs./Ms./Dr.) _____
Please print or type

Signature  _____ Date _____
mm/dd/yyyy

Title _____ School _____

School Address _____
Number & Street City/Town State/Province Country ZIP/Postal Code

School Website Address _____

Counselor's Telephone (_____) _____ Counselor's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number

School CEEB/ACT Code _____ Counselor's E-mail _____

Background Information

Class Rank _____ Class Size _____ Covering a period from _____ to _____

(mm/yyyy) (mm/yyyy)

The rank is ☐ weighted ☐ unweighted. How many additional students share this rank? _____

How do you report class rank? quartile _____ quintile _____ decile _____

Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____

(mm/yyyy) (mm/yyyy)

This GPA is ☐ weighted ☐ unweighted. The school's passing mark is _____

Highest GPA in class _____ Graduation Date _____

(mm/dd/yyyy)

Percentage of graduating class immediately attending: _____ four-year _____ two-year institutions

How many courses does your school offer:
AP _____ IB _____ Honors _____

If school policy limits the number a student may take in a given year, please list the maximum allowed:
AP _____ IB _____ Honors _____

Is the applicant an IB Diploma candidate? ☐ Yes ☐ No

Are classes taken on a block schedule? ☐ Yes ☐ No

In comparison with other college preparatory students at your school, the applicant's course selection is:
☐ most demanding
☐ very demanding
☐ demanding
☐ average
☐ below average

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

Ratings Compared to other students in his or her class year, how do you rate this student in terms of:

		Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encoun- tered (top 1%)
No basis	Academic achievement							
	Extracurricular accomplishments							
	Personal qualities and character							
	OVERALL							

Evaluation Please provide comments that will help us differentiate this student from others. Feel free to attach an additional sheet or another reference you have prepared for this student. Alternatively, you may attach a reference written by another school official who can better describe the student. We especially welcome a broad-based assessment and encourage you to consider describing or addressing:

- The applicant's academic, extracurricular, and personal characteristics.
- Relevant context for the applicant's performance and involvement, such as particularities of family situation or responsibilities, after-school work obligations, sibling childcare, or other circumstances, either positive or negative.
- Observed problematic behaviors, perhaps separable from academic performance, that an admission committee should explore further.

① Has the applicant ever been found responsible for a disciplinary violation at your school from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from your institution. ☐ Yes ☐ No ☐ School policy prevents me from responding

② To your knowledge, has the applicant ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime?
☐ Yes ☐ No ☐ School policy prevents me from responding.
[Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered to be kept confidential by a court.]

If you answered "yes" to either or both questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.

Applicants are expected to immediately notify the institutions to which they are applying should there be any changes to the information requested in this application, including disciplinary history.

☐ Check here if you would prefer to discuss this applicant over the phone with each admission office.

TO THE APPLICANT

After completing the information in this section, give this form to your school counselor or another school official who knows you better. **If applying via mail**, please also give that school official stamped envelopes addressed to each institution to which you have applied.

Legal Name _____ ☐ Female
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc. ☐ Male

Birth Date _____ CAID (Common App ID) _____
mm/dd/yyyy

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____ CEEB/ACT Code _____

IMPORTANT PRIVACY NOTE: In accordance with the Family Educational Rights and Privacy Act (FERPA), the original School Report submitted on your behalf reflects your choice to waive or not waive your right of access to all recommendations and supporting documents. That response applies to all subsequent reports, including this one. You chose the following:

- ☐ Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
☐ No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

TO THE SCHOOL COUNSELOR

Please submit this form when midyear grades are available (end of first semester or second trimester). Attach applicant's official transcript, including courses in progress and transcript legend. (Please check transcript copies for readability.) **Be sure to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices.**

Counselor's Name (Mr./Mrs./Ms./Dr.) _____
Please print or type

Signature  _____ Date _____
mm/dd/yyyy

Title _____ School _____

School Address _____
Number & Street City/Town State/Province Country ZIP/Postal Code

School Website Address _____

Counselor's Telephone (_____) _____ Counselor's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number

School CEEB/ACT Code _____ Counselor's E-mail _____

Background Information If any of the information below has changed for this student since the School Report was submitted, please enter the new information in the appropriate section below.

Class Rank _____ Class Size _____ Covering a period from _____ to _____ Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____.
(mm/yyyy) (mm/yyyy) (mm/yyyy) (mm/yyyy)

The rank is ☐ weighted ☐ unweighted.

How many additional students share this rank? _____

This GPA is ☐ weighted ☐ unweighted. The school's passing mark is _____.

☐ We do not rank. Instead, please indicate quartile _____ quintile _____ decile _____

Highest GPA in class _____ Graduation Date _____
(mm/dd/yyyy)

Have there been any changes to the senior year courses listed on the original School Report? ☐ Yes ☐ No

Have there been any changes in the applicant's disciplinary status at your school since you submitted the original School Report?

☐ Yes ☐ No ☐ School policy prevents me from responding

To your knowledge, have there been any changes to the applicant's criminal history since you submitted the original School Report?

☐ Yes ☐ No ☐ School policy prevents me from responding

Do you wish to update your original evaluation of this applicant? ☐ Yes ☐ No

If you responded yes to any of the preceding questions, please attach an explanation.

☐ Check here if you would prefer to discuss this applicant over the phone with each admission office.

TO THE APPLICANT

After completing the information in this section, give this form to your school counselor or another school official who knows you better. **If applying via mail**, please also give that school official stamped envelopes addressed to all institutions requesting a final transcript.

Legal Name _____ ☐ Female
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc. ☐ Male

Birth Date _____ CAID (Common App ID) _____
mm/dd/yyyy

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____ CEEB/ACT Code _____

IMPORTANT PRIVACY NOTE: In accordance with the Family Educational Rights and Privacy Act (FERPA), the original School Report submitted on your behalf reflects your choice to waive or not waive your right of access to all recommendations and supporting documents. That response applies to all subsequent reports, including this one. You chose the following:

- ☐ Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
☐ No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

TO THE SCHOOL COUNSELOR

Please submit this form when final grades are available (end of second semester or third trimester). Attach applicant's official transcript and transcript legend. (Please check transcript copies for readability.) **Be sure to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices.**

Counselor's Name (Mr./Mrs./Ms./Dr.) _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

Title _____ School _____

School Address _____
Number & Street City/Town State/Province Country ZIP/Postal Code

School Website Address _____

Counselor's Telephone (_____) _____ Counselor's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number

School CEEB/ACT Code _____ Counselor's E-mail _____

Background Information If any of the information below has changed for this student since the Midyear Report was submitted, please enter the new information in the appropriate section below.

Class Rank _____ Class Size _____ Covering a period from _____ to _____ Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____
(mm/yyyy) (mm/yyyy) (mm/yyyy) (mm/yyyy)

The rank is ☐ weighted ☐ unweighted. This GPA is ☐ weighted ☐ unweighted. The school's passing mark is _____
How many additional students share this rank? _____

☐ We do not rank. Instead, please indicate quartile _____ quintile _____ decile _____ Graduation Date _____
(mm/dd/yyyy)

Have there been any changes to the senior year courses listed on the original School Report? ☐ Yes ☐ No

Have there been any changes in the applicant's disciplinary status at your school since you submitted the original School Report?
☐ Yes ☐ No ☐ School policy prevents me from responding

To your knowledge, have there been any changes to the applicant's criminal history since you submitted the original School Report?
☐ Yes ☐ No ☐ School policy prevents me from responding

Do you wish to update your original evaluation of this applicant? ☐ Yes ☐ No

If you responded yes to any of the preceding questions, please attach an explanation.

☐ Check here if you would prefer to discuss this applicant over the phone with each admission office.

TO THE APPLICANT

The Optional Grade Report may be used at any point in the academic year to submit updated grades to your colleges and universities, but it should not be used as a substitute for the Midyear or Final Report. After completing the information in this section, give this form to your school counselor or another school official who knows you better. **If applying via mail**, please also give that school official stamped envelopes addressed to each institution to which you have applied.

Legal Name _____ ☐ Female
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.
☐ Male
 Birth Date _____ CAID (Common App ID) _____
mm/dd/yyyy
 Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code
 School you now attend _____ CEEB/ACT Code _____

IMPORTANT PRIVACY NOTE: In accordance with the Family Educational Rights and Privacy Act (FERPA), the original School Report submitted on your behalf reflects your choice to waive or not waive your right of access to all recommendations and supporting documents. That response applies to all subsequent reports, including this one. You chose the following:

- ☐ Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
☐ No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

TO THE SCHOOL COUNSELOR

This form is not a substitute for the Midyear or Final Report. Please use this form only if you wish to update the applicant's grades at another point in the year. Attach the applicant's official transcript, including courses in progress and transcript legend. (Please check transcript copies for readability.) **Be sure to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices.**

Counselor's Name (Mr./Mrs./Ms./Dr.) _____
Please print or type
 Signature  _____ Date _____
mm/dd/yyyy
 Title _____ School _____
 School Address _____
Number & Street City/Town State/Province Country ZIP/Postal Code
 School Website Address _____
 Counselor's Telephone (_____) _____ Counselor's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number
 School CEEB/ACT Code _____ Counselor's E-mail _____

Background Information If any of the information below has changed for this student since the School Report was submitted, please enter the new information in the appropriate section below.

Class Rank _____ Class Size _____ Covering a period from _____ to _____ Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____
(mm/yyyy) (mm/yyyy) (mm/yyyy) (mm/yyyy)
 The rank is ☐ weighted ☐ unweighted. This GPA is ☐ weighted ☐ unweighted. The school's passing mark is _____
 How many additional students share this rank? _____
☐ We do not rank. Instead, please indicate quartile _____ quintile _____ decile _____
(mm/dd/yyyy)
 Highest GPA in class _____ Graduation Date _____
(mm/dd/yyyy)

Have there been any changes to the senior year courses listed on the original School Report? ☐ Yes ☐ No

Have there been any changes in the applicant's disciplinary status at your school since you submitted the original School Report?

☐ Yes ☐ No ☐ School policy prevents me from responding

To your knowledge, have there been any changes to the applicant's criminal history since you submitted the original School Report?

☐ Yes ☐ No ☐ School policy prevents me from responding

Do you wish to update your original evaluation of this applicant? ☐ Yes ☐ No

If you responded yes to any of the preceding questions, please attach an explanation.

☐ Check here if you would prefer to discuss this applicant over the phone with each admission office.