

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 (choose only one) \_\_\_\_\_ Former last name(s), if any \_\_\_\_\_

Birth Date \_\_\_\_\_  Female  Male US Social Security Number, if any \_\_\_\_\_  
mm/dd/yyyy Optional, unless applying for US Federal financial aid with the FAFSA form

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 \_\_\_\_\_

\_\_\_\_\_

Years lived in the US? \_\_\_\_\_

Birthplace \_\_\_\_\_  
City/Town State/Province Country

First Language \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

Are you proficient in any other languages? \_\_\_\_\_

\_\_\_\_\_

1. Are you Hispanic/Latino?  
 Yes, Hispanic or Latino (including Spain)  No  
Please describe your background \_\_\_\_\_

2. Regardless of your answer to the prior question, please indicate how you identify yourself. (Check all that apply.)

American Indian or Alaska Native (including all Original Peoples of the Americas)  
 Are you Enrolled?  Yes  No If yes, please enter Tribal Enrollment Number \_\_\_\_\_  
Please describe your background \_\_\_\_\_

Asian (including Indian subcontinent and Philippines)  
Please describe your background \_\_\_\_\_

Black or African American (including Africa and Caribbean)  
Please describe your background \_\_\_\_\_

Native Hawaiian or Other Pacific Islander (Original Peoples)  
Please describe your background \_\_\_\_\_

White (including Middle Eastern)  
Please describe your background \_\_\_\_\_

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

Marital Status \_\_\_\_\_

Religious Preference \_\_\_\_\_

US Armed Services veteran?  Yes  No

## 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  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

**Parent 1:**  Mother  Father  Unknown

**Parent 2:**  Mother  Father  Unknown

Is Parent 1 living?  Yes  No (Date Deceased \_\_\_\_\_)  
mm/yyyy

Is Parent 2 living?  Yes  No (Date Deceased \_\_\_\_\_)  
mm/yyyy

\_\_\_\_\_  
Last/Family/Sur First/Given Middle Title (Mr./Ms./Dr., etc.)

\_\_\_\_\_  
Last/Family/Sur First/Given Middle Title (Mr./Ms./Dr., etc.)

Country of birth \_\_\_\_\_

Country of birth \_\_\_\_\_

Home address **if different** from yours

Home address **if different** from yours

Preferred Telephone:  Home  Cell  Work

Preferred Telephone:  Home  Cell  Work

(\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

(\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

College (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

College (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Graduate School (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

### Legal Guardian (if other than a parent)

Relationship to you \_\_\_\_\_

### 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.

\_\_\_\_\_  
Last/Family/Sur First/Given Middle Title (Mr./Ms./Dr., etc.)

Home address **if different** from yours

\_\_\_\_\_  
Name Age & Grade Relationship

College Attended \_\_\_\_\_ CEEB \_\_\_\_\_

Degree earned \_\_\_\_\_ Dates \_\_\_\_\_  
mm/yyyy – mm/yyyy

Preferred Telephone:  Home  Cell  Work

(\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_  
Name Age & Grade Relationship

College Attended \_\_\_\_\_ CEEB \_\_\_\_\_

Degree earned \_\_\_\_\_ Dates \_\_\_\_\_  
mm/yyyy – mm/yyyy

Employer \_\_\_\_\_

College (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

\_\_\_\_\_  
Name Age & Grade Relationship

College Attended \_\_\_\_\_ CEEB \_\_\_\_\_

Degree earned \_\_\_\_\_ Dates \_\_\_\_\_  
mm/yyyy – mm/yyyy

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_



**Honors** Briefly list any academic distinctions or honors you have received since the 9<sup>th</sup> grade or international equivalent (e.g., National Merit, Cum Laude Society).

Grade level or post-graduate (PG)					Honor	Level of Recognition			
9	10	11	12	PG		School	State/ Regional	National	Inter- national
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 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		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										

## WRITING

**Short Answer** Please briefly elaborate on one of your extracurricular activities or work experiences in the space below or on an attached sheet (150 words or fewer).

**Personal Essay** Please write an essay (250 words minimum) 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.*

- 1 Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
- 2 Discuss some issue of personal, local, national, or international concern and its importance to you.
- 3 Indicate a person who has had a significant influence on you, and describe that influence.
- 4 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.
- 5 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.
- 6 Topic of your choice.

**Additional Information** If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc., please do so in the space below or on an attached sheet.

### Disciplinary History

- ① Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?  Yes  No
- ② 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.

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

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
mm/dd/yyyy      (Optional)

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](http://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.**

Teacher's Name (Mr./Ms./Dr., etc.) \_\_\_\_\_ 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? \_\_\_\_\_

List the courses you have taught this student, noting for each the student's year in school (10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>; first-year, sophomore; etc.) and 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:

				Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
No basis		Below average	Average					
	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  
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.  Male

Birth Date \_\_\_\_\_ mm/dd/yyyy Social Security # \_\_\_\_\_ (Optional)

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](http://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.**

Teacher's Name (Mr./Ms./Dr., etc.) \_\_\_\_\_ 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? \_\_\_\_\_

List the courses you have taught this student, noting for each the student's year in school (10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>; first-year, sophomore; etc.) and 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 Secondary School Report.

Legal Name \_\_\_\_\_  Female  
 Male

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

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
*mm/dd/yyyy (Optional)*

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.**

First Semester/Trimester	Second Semester/Trimester	Third Trimester <i>or additional first/second term courses if more space is needed</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IMPORTANT PRIVACY NOTE:** By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal 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](http://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.**

Counselor's Name (Mr./Ms./Dr., etc.) \_\_\_\_\_  
*Please print or type*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*mm/dd/yyyy*

Title \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_  
*City/Town State/Province Country ZIP/Postal Code*

Counselor's Telephone (\_\_\_\_\_) \_\_\_\_\_ Counselor's Fax (\_\_\_\_\_) \_\_\_\_\_  
*Area/Country/City Code Number Ext. Area/Country/City Code Number*

Secondary 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 students share this rank? \_\_\_\_\_

We do not rank. Instead, please indicate 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, 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:

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							
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've prepared for this 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 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution?  Yes  No

② To your knowledge, has the applicant 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 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.

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

I recommend this student:  No basis  With reservation  Fairly strongly  Strongly  Enthusiastically

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 Midyear Report.

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

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
mm/dd/yyyy (Optional)

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.**

First Semester/Trimester	Second Semester/Trimester	Third Trimester <small>or additional first/second term courses if more space is needed</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IMPORTANT PRIVACY NOTE:** By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal 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:

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

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, a school profile, and transcript legend. (Please check transcript copies for readability.) Use both pages to complete your evaluation for this student. **Be sure to sign below.**

Counselor's Name (Mr./Ms./Dr., etc.) \_\_\_\_\_  
Please print or type

Signature \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

Title \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_  
City/Town State/Province Country ZIP/Postal Code

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

Secondary school CEEB/ACT code \_\_\_\_\_ Counselor's E-mail \_\_\_\_\_

**Background Information** If any of the information on this page has changed for this student since the Secondary School Report was submitted, please enter the new information in the appropriate section below. If your recommendation for this student has changed, please comment in the space below or on a separate sheet. **If nothing has changed, you may leave this page blank. However, your signature is still required.**

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_ Covering a period from \_\_\_\_\_ to \_\_\_\_\_.  
(mm/yyyy) (mm/yyyy)

The rank is  weighted  unweighted. How many students share this rank? \_\_\_\_\_

We do not rank. Instead, please indicate 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, 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:

	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								
Extracurricular accomplishments								
Personal qualities and character								
OVERALL								

**Evaluation** Please use this space to elaborate on any changes in the student's academic record, personal demeanor, or status at your school.

① Has the applicant ever been found responsible for a disciplinary violation at your school from 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution?  Yes  No

② To your knowledge, has the applicant 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 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.

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

**I recommend this student:**  No basis  With reservation  Fairly strongly  Strongly  Enthusiastically

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 a stamped envelope addressed to the institution you plan to attend.

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

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
mm/dd/yyyy (Optional)

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.**

First Semester/Trimester	Second Semester/Trimester	Third Trimester <small>or additional first/second term courses if more space is needed</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____


**IMPORTANT PRIVACY NOTE:** By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal 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:

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

Please submit this form when final grades are available (end of second semester or third trimester). Attach applicant's official transcript, a school profile, and transcript legend. (Please check transcript copies for readability.) Use both pages to complete your evaluation for this student. **Be sure to sign below.**

Counselor's Name (Mr./Ms./Dr., etc.) \_\_\_\_\_  
Please print or type

Signature  \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

Title \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_  
City/Town State/Province Country ZIP/Postal Code

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

Secondary school CEEB/ACT code \_\_\_\_\_ Counselor's E-mail \_\_\_\_\_

**Background Information** If any of the information on this page has changed for this student since the Midyear Report was submitted, please enter the new information in the appropriate section below. If your recommendation for this student has changed, please comment in the space below or on a separate sheet. **If nothing has changed, you may leave this page blank. However, your signature is still required.**

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_ Covering a period from \_\_\_\_\_ to \_\_\_\_\_.  
(mm/yyyy) (mm/yyyy)

The rank is  weighted  unweighted. How many students share this rank? \_\_\_\_\_

We do not rank. Instead, please indicate 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, 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:

	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								
Extracurricular accomplishments								
Personal qualities and character								
OVERALL								

**Evaluation** Please use this space to elaborate on any changes in the student's academic record, personal demeanor, or status at your school.

① Has the applicant ever been found responsible for a disciplinary violation at your school from 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution?  Yes  No

② To your knowledge, has the applicant 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 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.

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

**I recommend this student:**  No basis  With reservation  Fairly strongly  Strongly  Enthusiastically