

## 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*

E-mail address \_\_\_\_\_      IM address \_\_\_\_\_

Permanent home address \_\_\_\_\_  
*Number & Street*      *Apartment #*

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

Permanent home phone (\_\_\_\_\_) \_\_\_\_\_  
*Area Code*      *Area Code*

**If different from above**, please give your current mailing address for all admission correspondence.

Current mailing address \_\_\_\_\_  
*Number & Street*      *Apartment #*

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

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

Phone at current mailing address (\_\_\_\_\_) \_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)  
*Area Code*      *(mm/dd/yyyy)*      *(mm/dd/yyyy)*

## 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:  Regular Decision       Rolling Admission      Do you intend to apply for need-based financial aid?  Yes  No

Early Decision       Early Decision II      Do you intend to apply for merit-based scholarships?  Yes  No

Early Action       Early Action II      Do you intend to be a full-time student?  Yes  No

Restrictive Early Action       Early Admission      Do you intend to enroll in a degree program your first year?  Yes  No

*juniors only*      Academic Interests: \_\_\_\_\_

Career Interest: \_\_\_\_\_

## DEMOGRAPHICS

- US citizen
- Dual US citizen
- US permanent resident visa (Alien registration # \_\_\_\_\_)
- Other citizenship (Visa type \_\_\_\_\_)

List any non-US countries of citizenship \_\_\_\_\_

How many years have you lived in the United States? \_\_\_\_\_

Place of birth \_\_\_\_\_  
*City/Town*      *State/Province*      *Country*

First language \_\_\_\_\_

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

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

Marital status: \_\_\_\_\_

US Armed Services veteran?  Yes  No

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 select one or more of the following ethnicities that best describe you:
  - 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* \_\_\_\_\_

## 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 **online**, or on an attached sheet **if applying via mail**.

### 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

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

**Parent 2:**  Mother  Father  Unknown

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

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

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

Home address **if different** from yours  
\_\_\_\_\_  
\_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

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

Occupation \_\_\_\_\_

Name of employer \_\_\_\_\_

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

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

Graduate school (if any) \_\_\_\_\_

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

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

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

Home address **if different** from yours  
\_\_\_\_\_  
\_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

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

Occupation \_\_\_\_\_

Name of employer \_\_\_\_\_

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

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

Graduate school (if any) \_\_\_\_\_

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

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

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

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

Home address **if different** from yours  
\_\_\_\_\_  
\_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

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

Occupation \_\_\_\_\_

Name of employer \_\_\_\_\_

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

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

Graduate school (if any) \_\_\_\_\_

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

### Siblings

Please give names and ages of your brothers or sisters. 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 **online**, or on an attached sheet **if applying via mail**.

\_\_\_\_\_  
Name Age Relationship

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

Degree Earned \_\_\_\_\_ Dates \_\_\_\_\_  
or Expected yyyy-yyyy

\_\_\_\_\_  
Name Age Relationship

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

Degree Earned \_\_\_\_\_ Dates \_\_\_\_\_  
or Expected yyyy-yyyy

\_\_\_\_\_  
Name Age Relationship

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

Degree Earned \_\_\_\_\_ Dates \_\_\_\_\_  
or Expected yyyy-yyyy

# ACADEMICS

## Secondary Schools

Current or 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 (Mr./Ms./Dr., etc.) \_\_\_\_\_ Counselor's Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Ext. Area Code Number

List all other secondary schools, including summer schools as well as summer and other programs, you have attended, beginning with 9<sup>th</sup> grade.

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

If you received college counseling or assistance with your application process from a community-based organization (such as Upward Bound, Questbridge, HEOP, etc.), please specify. \_\_\_\_\_

If your secondary school education was or will be interrupted, check all that apply and provide details in the Additional Information section or on an attached sheet.

- did/will graduate late   
  did/will change secondary schools   
  did not/will not graduate  
 did/will graduate early   
  did/will take time off   
  did/will receive GED Date: \_\_\_\_\_ (Official scores must be sent from the testing agency.)  
mm/yyyy

**Colleges & Universities** List all colleges/universities at which you have taken courses for credit; list names of courses taken, grades earned, and credits earned in the Additional Information section **online**, or on an attached sheet **if applying via mail**. Please have an official transcript sent from each institution as soon as possible.

College/University Name & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	Degree Candidate?		Dates Attended (mm/yyyy)	Degree(s) Earned
		Yes	No		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

## TESTS

Be sure to note the tests required for each institution to which you are applying. The official SAT, ACT, TOEFL, MELAB and/or IELTS scores from the appropriate testing agencies should be sent as soon as possible.

### ACT Tests

Date taken/ to be taken	English	Math	Reading	Science	Composite	Writing	Date taken/ to be taken	English	Math	Reading	Science	Composite	Writing

### SAT Reasoning Tests

Date taken/ to be taken	Critical Reading	Math	Writing	Date taken/ to be taken	Critical Reading	Math	Writing	Date taken/ to be taken	Critical Reading	Math	Writing

### SAT Subject Tests

Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score

Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score

### AP/IB Tests

Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score

Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score

Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score

### TOEFL/IELTS/MELAB

Date taken/ to be taken	Test	Score	Date taken/ to be taken	Test	Score	Date taken/ to be taken	Test	Score

**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"/>

## ACTIVITIES

**Extracurricular** Please list your **principal** extracurricular, community, volunteer and family activities and hobbies **in the order of their interest to you**. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, 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, or letters earned	If applicable, do you plan to participate in college?
9	10	11	12	PG	Hours per week	Weeks per year	School year	Summer		
<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 _____										

**Work Experience** Please list **paid** jobs you have held during the past three years (including summer employment).

Specific nature of work	Employer	School year	Summer	Approximate dates (mm/yyyy - mm/yyyy)	Hours per week
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____

## 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).

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**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.

- 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.

### 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 convicted of a misdemeanor, felony, or other crime?  Yes  No

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.

**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.

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## 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. I authorize all schools attended to release all requested records covered under the FERPA act, and authorize review of my application for the admission program indicated on this form. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I've 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 also affirm that I will send an enrollment deposit (or the equivalent) to only one institution; sending multiple deposits (or the 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

*The Common Application, Inc., and its member institutions are committed to fulfilling their mission without discrimination on the basis of race, color, national origin, religion, age, sex, gender, sexual orientation, disability, or veteran status.*

**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 after matriculating, 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.

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 phone (\_\_\_\_\_) \_\_\_\_\_ Teacher's e-mail \_\_\_\_\_  
Area 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 (10th, 11th, 12th; 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 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 \_\_\_\_\_

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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.

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 phone (\_\_\_\_\_) \_\_\_\_\_ Teacher's e-mail \_\_\_\_\_  
Area 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 (10th, 11th, 12th; 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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 phone (\_\_\_\_\_) \_\_\_\_\_ Counselor's fax (\_\_\_\_\_) \_\_\_\_\_  
*Area Code      Number      Ext.      Area 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

Are classes taken on a block schedule?  Yes  No

Is the applicant an IB Diploma candidate?  Yes  No

If you offer AP courses, do you limit the number a student can take?  Yes  No

How many AP courses does your school offer (in total)? \_\_\_\_\_

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 write whatever you think is important about this student, including a description of academic, extracurricular, and personal characteristics. We welcome a broad-based assessment 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.)

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 convicted of a misdemeanor, felony, or other crime?  Yes  No

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 <i>or additional first/second term courses if more space is needed</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 after matriculating, 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)*).
- 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.

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 phone (\_\_\_\_\_) \_\_\_\_\_ Counselor's fax (\_\_\_\_\_) \_\_\_\_\_  
*Area Code      Number      Ext.      Area 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

Are classes taken on a block schedule?  Yes  No

Is the applicant an IB Diploma candidate?  Yes  No

If you offer AP courses, do you limit the number a student can take?  Yes  No

How many AP courses does your school offer (in total)? \_\_\_\_\_

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 write whatever you think is important about this student, including a description of academic, extracurricular, and personal characteristics. We welcome a broad-based assessment 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.)

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 convicted of a misdemeanor, felony, or other crime?  Yes  No

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 \_\_\_\_\_ 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 \_\_\_\_\_

**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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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  - 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.

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 phone (\_\_\_\_\_) \_\_\_\_\_ Counselor's fax (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Ext. Area Code Number

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

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(mm/yyyy) (mm/yyyy)

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