

Student section

Student details

Legal name _____
First/given _____ Middle _____ Last/family/sur (Enter name exactly as it appears on official documents.) _____ Suffix _____

Preferred name _____ Date of birth _____
First/given _____ Middle _____ mm/dd/yyyy

Email _____ CAS ID _____

Current address _____
Number and street _____ Apartment number _____ City/town _____

County _____ State/province _____ Country _____ ZIP/postal code _____

Current college or university _____

How many college credits have you earned prior to this academic term? _____

How many college credits will you have earned when you transfer to the college where you are applying? _____

FERPA release authorization

I acknowledge that every school that I have attended may release all requested records and recommendations to colleges to which I am applying for admission. I also understand that employees at these colleges may confidentially contact my current and former schools should they have questions about the information submitted on my behalf.

- I waive my right to review all recommendations and supporting documents.
 I DO NOT waive my right to review all recommendations and supporting documents.

I understand that my waiver or no waiver selection above pertains to all colleges to which I apply and that my selections on this page cannot be changed after any recommendation or application submission.

Signature _____ Date _____
mm/dd/yyyy

College official section

If you have access to the student's academic records, please complete this form in its entirety. Please send this form directly to each college admission office. Do not send this form to Common App.

College official details

Name _____
Prefix _____ First/given _____ Middle initial _____ Last/family/sur _____ Suffix _____

Title _____ Phone _____
Include country code, number, and extension (if applicable)

Email _____

College name _____

Address _____
Number and street _____ City/town _____

County _____ State/province _____ Country _____ ZIP/postal code _____

Background information

 Please ensure that information matches what is on the transcript.

Cumulative GPA _____ GPA scale _____ From (start date) _____ Ending (final date) _____
mm/dd/yyyy mm/dd/yyyy

Is this student in good academic standing?

If you answer no, please attach an explanation.

Yes No

Is this student eligible to return to your school?

If you answer no, please attach an explanation.

Yes No

Signature _____ Date _____
mm/dd/yyyy