

2008-09 FIRST-YEAR APPLICATION

For Spring 2009, Fall 2009, or Spring 2010 Enrollment

PERSON	NAL DATA	○ Female
Legal name	First/Given Middle (complete) Jr., etc.	_ O Male
Preferred name, if not first name (choose only one)	Former last name(s), if any	
	Torrior last riamo(s), if any	
Birth date		
Citizenship		
○ US citizen ○ Dual US citizen	How many years have you lived in the United States? List any non-US countries of citizenship	
US permanent resident visa (Alien registration #)	List any non-03 countries of chizenship	
Other citizenship (Visa type)		
Optional The following items are optional. No information you provide will	no used in a discriminatory manner	
Diago of high	If you wish to be identified with a particular ethnic group, please check al	I that annly
City/Town State/Province Country	African American, African, Black	і шасарріу.
Social Security Number (if any)	O Native American, Alaska Native (date enrolled	
First language, if other than English	Tribal affiliation	
Primary language spoken at home, if other than English	Asian, incl. Indian Subcontinent (country	,
US Armed Services veteran? ○ Yes ○ No	O Hispanic, Latino (country	
Marital status: O Never married	O Mexican American, Chicano	
O Married	O Puerto Rican	
○ Widowed○ Separated	Native Hawaiian, Pacific Islander White or Caucasian	
O Divorced (date)	Other (specify)
ADI	DRESS	
E-mail address	IM address	
Permanent home address		
Number & Street	Apartment #	
City/Town State/Province	Country ZIP/Postal Code	
Permanent home phone ()	Cell phone ()	
If different from above, please give your current mailing address for all adm		
Current mailing address	Assituating	
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	
Area Code	(mm/aa/yyyy) (mm/aa/yyyy)	
TIITIID	T DI ANIC	
Your answers to these questions will vary for different colleges, and not all colleges	E PLANS	(A
photocopies of the page. Then complete this Future Plans section as appropriate for	or each of the colleges to which you are applying. It is important that stud	dents review
institutional publications or websites for complete application requirements and in	structions. If applying Early Decision please submit the Common Applic	cation ED
Agreement if the college or university requires one.	Doodling	
College	Deadline mm/dd/yyyy	
Entry Term: O Fall (Jul-Dec) O Spring (Jan-Jun)	Do you intend to apply for need-based financial aid? O Yes O No	
Decision Plan: O Regular Decision O Rolling Admission	Do you intend to apply for merit-based scholarships? O Yes O No)
○ Early Decision I○ Early Decision II○ Early Action I○ Early Action II	Do you intend to live in college housing? \bigcirc Yes \bigcirc No	
Restrictive Early Action Early Admission	Do you intend to be a full-time student?	
juniors only	Do you intend to earn a degree? • Yes • No)
Possible area(s) of academic concentration/major(s)		
-		
Possible career or professional plans		_

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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 or on an attached sheet.

With whom do you make your permanent home?	Household Parents' Marital Status (relative to each other): ○ Never marri	ed O Married	○ Widowed○ Separated	O Divorced (date	
Parent 1 O Mother O Father O Unknown S Parent 1 Diving? O Yes O No (Date decessed Date) Date D					mm/yyyy
Lastificantly First/Given Middle Title (Mr.AMs./Or., etc.) Country of birth Home address if different from yours Home phone (0.4.02	-		
LastFamily FirstGiven Middle Title (Mr.Ms.70r., etc.) Country of birth Home address if different from yours Home phone (Is Parent 1 living? O Yes O No (Date deceased)	Is Parent 2 living? O Yes	No (Date deceased	
Country of birth Home address if different from yours Home phone (m	nm/yyyy	·	,	mm/yyyy
Home address if different from yours Home phone	Last/Family First/Given Middle Title	(Mr./Ms./Dr., etc.)	Last/Family First	/Given Middle	Title (Mr./Ms./Dr., etc.)
Home phone (-		Country of birth		
E-mail	Home address if different from yours		Home address if different from	yours	
Occupation	Home phone ()		Home phone ()		
Name of employer	E-mail		E-mail		
College (if any) Degree Year 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 or on an attached sheet. Home address if different from yours Mame Age Relationship College Attended Degree Earned Dates Final Age Relationship College Attended Degree Earned Dates Occupation Name of employer College (if any) Degree Age Relationship College (if any) Degree Earned Dates Occupation Name Age Relationship College Attended Degree Earned Dates Occupation Name Age Relationship College (if any) Degree Earned Dates Occupation Name Age Relationship College (if any) Degree Earned Dates Occupation Dates Occupation Dates Degree Earned Dates Occupation Dates Degree Earned Dates Occupation Dates Degree Earned Dates Degree Earned Dates Dates	Occupation		Occupation		
Degree	Name of employer		Name of employer		
Graduate school (if any) Degree Year Degree Year Legal Guardian (if other than a parent) Relationship to you Last/Family First/Given Middle Title (Mr./Ms./Dr., etc.) Home address if different from yours Relationship to you Area Code E-mail Degree Age Relationship Cocupation Name Age Relationship College Attended Degree Earned Dates or Expected YYYY-YYYY Age College Attended College Attended Degree Earned Dates or Expected YYYY-YYYY Name Age Relationship College Attended College Attended Degree Earned Dates or Expected YYYY-YYYY Name Age Relationship College Attended College Attended Dates or Expected Degree Earned Dates or Expected YYYY-YYYY Name Age Relationship College (if any) Degree Earned Dates or Expected YYYY-YYYY Name Age Relationship College (if any) Degree Earned Dates Or Expected Dates Or Expected Degree Earned Dates Or Expected YYYY-YYYY Name Age Relationship College (if any) Degree Earned Dates Or Expected Degree Earned Dates Or Expected Dates	College (if any)		College (if any)		
Degree	Degree	Year	Degree		Year
Legal Guardian (if other than a parent) Relationship to you Relationship to you Last/Family First/Given Middle Title (Mr./Ms./Dr., etc.) Home address if different from yours Remail Occupation Name Age Relationship College Attended Degree Earned Dates Occupation Name Age Relationship College Attended Degree Earned Dates YYYY-YYYY College (if any) Degree Year Graduate school (if any) 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 or on an attached sheet. Name Age Relationship College Attended College Attended Degree Earned Dates YYYY-YYYY Name Age Relationship College (if any) Degree Year College Attended College Attended Degree Earned Dates Year College Attended Degree Earned Dates	Graduate school (if any)		Graduate school (if any)		
Relationship to you	Degree	Year	Degree		Year
Area Code E-mail	Legal Guardian (if other than a parent)		Siblings		
Please list them in the Additional Information section or on an attached sheet.	Relationship to you				
Home address if different from yours Name Age Relationship					
Name Age Relationship College Attended Degree Earned	, , , , , , , , , , , , , , , , , , , ,	(Mr./Ms./Dr., etc.)	produce not arom in are radial crita	miorination occupin or on an	attaorioù orioot.
Degree Earned	Home address in different from yours			· ·	•
Home phone (College Attended		
E-mail				Dates	WWW-WWW
Occupation College Attended			or expected		<i>,,,,,,,,,</i>
Name of employer	E-mail		Name	Age	Relationship
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College (if any)	Name of employer			Dates	
Degree Year Graduate school (if any) Degree Earned Dates	College (if any)		ог схрестеп		<i>,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Graduate school (if any) Dates Dates	Degree	Year			,
Degree Earned Dates			College Attended		
				Dates	

ACADEMICS

Secondary Current or m			chool attend	lad										
Entry Date _		•							nublic	○ charter	○ independer	nt O religio	nie O	home schoo
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Address										CEE	B/ACT Code			
		Number 6	& Street											
		City/Towi	n		S	tate/Province	Сои	ntry				ZIP/Pos	stal Code	
Counselor's	name (Mr./I	Vs./Dr., etc.))					Со	unselor's	s Title				
E-maii					_ Pnone (_ /	Area Code	Number	Ext		Area Co	ode)	Number		
List all other	secondary	schools, inc	luding sumr	ner scho	ols as well	as summe	and other p	orograms,	you have	e attended,	beginning with	9 th grade.		
	School N	ame & CEEB	/ACT Code			Loc	ation (City, S	State/Provi	nce, ZIP	Postal Code	e, Country)	Dates	Attende	ed (mm/yyyy)
If your coo	ondary echo	nol education	wae or will	ha intarr	untad cha	ck all that a	nnly and nro	vida dataile	e in tha l	Additional In	formation secti	on or on an a	ttachad	l chaat
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	l graduate i		did/will take								(Official scor	es must be sent	from the t	testing agency.)
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sheet. Please			•								D			() = I
College/U	niversity Nar	ne & CEEB/AC	GT Gode	Location	ı (City, State	e/Province, ZI	P/Postal Code	e, Country)	_	Gandidate? s No	Dates Attend (mm/yyyy)		Degree	(s) Earned
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institution as							ig. The offic	101 000100	nom an	у арргориа	to tooting agon	oy muot bo c	domitte	ou to outin
ACT Tests	Date taken/	English	Math F	Reading	Science	Composite	Writing	Date taken/	English	Math	Reading	Science	Composite	Writing
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SAT Reason	ina Tests													
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			to be taken	Subject		Score	Date taken to be taken			Score	Date taken/ to be taken	Subject		Score
AP/IB Tests		Date taken/ to be taken	Subject		Score	Date t		Subject		Score	Date taken/ to be taken	Subject		Score
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TOEFL/IELTS	S/MELAB		Date taken/ to be taken	Test		Score	Date taken to be taken			Score	Date taken/ to be taken	Test © 2008 Th		Score

Но			Briefly Je Jev		iny aca	ademic distin	ctions or hon	ors you h	nave recei	ved since the 9 th grade or international equivalent (e.g. National Merit, Cum Lau Honor Level	de Society). of Recognit	
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spe	cific	ev	ents	and/d	or maj		hments sucl	h as mus	ical instru	ACTIVITIES nity, volunteer and family activities and hobbies in the order of their interestant played, varsity letters earned, etc. To allow us to focus on the highly a résumé.	ights of yo	our
9	pos	st-g		el or ite (Pi 12	-		ximate spent Weeks per year	in the a	u participate activity? Summer	Positions held, honors won, or letters earned		-
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Wo	ork			Sp	ecific	nature of wor	rk			st three years (including summer employment). School Summer Approximate (mm/yyyy - m		

	WRITING	
Short Answer	Please briefly elaborate on one of your extracurricular activities or work experiences in the space below or on an attached sheet	et (150 words or fewer).
checking the ap	Please write an essay (250 words minimum) on a topic of your choice or on one of the options listed below. Please indic appropriate box. This personal essay helps us become acquainted with you as a person and student, apart from courses, gradata. It will also demonstrate your ability to organize your thoughts and express yourself.	
① ① Evalua	luate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.	
\circ	cuss some issue of personal, local, national, or international concern and its importance to you.	
_	cate a person who has had a significant influence on you, and describe that influence.	
\cup	cribe a character in fiction, a historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, a	nd explain that influence.
A range experi	nge of academic interests, personal perspectives, and life experiences adds much to the educational mix. Given your personal berience that illustrates what you would bring to the diversity in a college community, or an encounter that demonstrated the important	background, describe an
6 Topic	c of your choice.	
Attach your essa	say to the last page on a separate sheet(s) (same size please). You <u>must</u> put your full name, date of birth, and name of seconds	ary school <u>on each sheet</u>
Disciplinary H	History	
forward, whe	ver been found responsible for a disciplinary violation at an educational institution you have attended from 9^{th} grade (or the interpether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissation? \bigcirc Yes \bigcirc No	
② Have you eve	ver been convicted of a misdemeanor, felony, or other crime? O Yes O No	
lf you answered y	l yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident and expla	ins the circumstances.
	formation If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, on an attached sheet.	etc., please do so in the
	SIGNATURE & PAYMENT	
Application I	Fee Payment ○ Online Payment ○ Mailed Payment ○ Online Fee Waiver Request ○ Mailed Fee Waiver Request	
is my own work	ignature Ill information submitted in the admission process—including the application, the personal essay, any supplements, and any other ork, factually true, and honestly presented. I understand that I may be subject to a range of possible disciplinary actions, including a ould the information I've certified be false. In addition, I authorize the release of my admission decision to my secondary school.	
Signature <u></u>	Date	
olynature <u>w</u>	Date_	mm/dd/vvvv

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AP-5/**2008-09** • 2008 The Common Application, Inc.



2008-09 TEACHER EVALUATION

TE

For Spring 2009, Fall 2009, or Spring 2010 Enrollment

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). Please also give that teacher stamped envelopes addressed to each institution that requires a Teacher Evaluation. ○ Female Legal name _ - ○ Male Last/Family (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) _____ Social Security # ____ Birth date ____ mm/dd/yyyy Address Number & Street Apartment # City/Town State/Province ZIP/Postal Code Country CEEB/ACT code _____ School you now attend _____ 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). 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. ONO, 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 🔍 TO THE TEACHER The Common Application membership finds candid evaluations helpful in choosing from among highly qualified candidates. A photocopy of this reference form, or another reference you may have prepared on behalf of this student, is acceptable. You are encouraged to keep the original of this form in your private files for use should the student need additional recommendations. Please return it to the appropriate admission office(s) in the envelope(s) provided to you by this student. Please submit your references promptly. Be sure to sign below. Subject taught ____ Secondary school School address _ Teacher's e-mail Teacher's phone (**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.).

Please detach along perforation

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.)



2008-09 TEACHER EVALUATION

TE

For Spring 2009, Fall 2009, or Spring 2010 Enrollment

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). Please also give that teacher stamped envelopes addressed to each institution that requires a Teacher Evaluation.

_egal name							○ Femal —— ○ Male
L	Last/Family (Enter name	e exactly as it appears on t	official documents.)	First/Given	Middle (comple	te) Jr., etc.	-
Birth date				Soc	cial Security #		
	mm/dd/yyyy				(0p	tional)	
Address		Apartment #	0:1 /T-	01-1-10	0	7/0/0-1-1-0-1	
N	iumber & Street	Apartment #	City/Town	State/Province	Country	ZIP/Postal Cod	9
School you nov	w attend			CE	EB/ACT code		
					ERPA), after you matriculat		
1. The instit	tution does not save r	recommendations post-i below, regardless of th	matriculation (see list	at www.commonapp.c	r matriculating, unless at I org/FERPA).	east one of the following	ig is true:
○Yes, I do ○No, I do	waive my right to acc not waive my right to	cess, and I understand I	will never see this for eday choose to see thi	m or any other recomn s form or any other rec	nendations submitted by r commendations or support		ted by me
Signature _	N		•			Date	
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or another refe use should the Please submit	erence you may have e student need additi gyour references proi	prepared on behalf of onal recommendations. mptly. Be sure to sign	ations helpful in choos this student, is accep . Please return it to th below.	sing from among highl table. You are encoura e appropriate admissi	y qualified candidates. A paged to keep the original confice(s) in the envelop	of this form in your prive(s) provided to you by	rate files for r this student.
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or another reference should the Please should the Please submit Teacher's name Signature Secondary school address Teacher's phore Background	erence you may have estudent need addition your references properties (Mr./Ms./Dr., etc.)	e prepared on behalf of onal recommendations. mptly. Be sure to sign Property of the street of th	ations helpful in choos this student, is accep. Please return it to th below. lease print or type City/Town	sing from among highl table. You are encoura e appropriate admission Sul	ged to keep the original of on office(s) in the envelope bject taught	of this form in your private(s) provided to you by Date	rate files for y this student.
or another reference should the Please should the Please submit Teacher's name Signature Secondary school address Teacher's phore Background How long have	erence you may have estudent need addition your references provide (Mr./Ms./Dr., etc.)	Prepared on behalf of onal recommendations. mptly. Be sure to sign Property of the sure	ations helpful in choos this student, is accep. Please return it to th below. lease print or type City/Town	sing from among highl table. You are encoura e appropriate admission Sul	ged to keep the original of on office(s) in the enveloped bject taught	of this form in your private(s) provided to you by Date	rate files for y this student.

Please detach along perforation

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.)



Please detach along perforation

2008-09 SECONDARY SCHOOL REPORT **SR**

For Spring 2009, Fall 2009, or Spring 2010 Enrollment

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. Please also give that school official stamped envelopes addressed to each institution that requires a Secondary School Report.

give that school official stamped envelo	pes addressed to	each institution that re	equires a Secondary S	chool Report.			o = .
Legal name			5				○ Female− ○ Male
Last/Family (Enter name ex a	e ctly as it appears on	official documents.)	First/Given	Middle	(complete)	Jr., etc.	
Birth date			Soc	cial Security #			
mm/dd/yyyy					(Optional)		
Address							
Number & Street A	partment #	City/Town	State/Province	Country		ZIP/Postal Code	
School you now attend			CEI	EB/ACT code			
Current year courses—please indicate the same semester on the appropriate s		dvanced honors, etc.) a	nd credit value of all co	ourses you are tak	ing this year. Ind	icate quarter cla	sses taken in
	emester inte.	Coond Cor	nester/Trimester		Thing	l Trimontor	
First Semester/Trimester		Second Ser	nester/ irimester		Iniro	d Trimester	
IMPORTANT PRIVACY NOTICE: Under and all other recommendations and some some save records. The institution does not save records. You waive your right to access belows, I do waive my right to access or on my behalf to the institution as	supporting docume mmendations post- ow, regardless of th , and I understand I ess, and I may som	nts submitted by you a matriculation (see list and institution to which it will never see this formeday choose to see this	nd on your behalf after at www.commonapp.o. t is sent: n or any other recomm s form or any other rec	matriculating, un rg/FERPA). nendations submit ommendations or	less at least one ted by me or on	of the following my behalf.	is true:
Signature <u></u>					Dat	e	
-							
	то тие	SECONDARY	CHOOL C	OHNISELO) D		
Attach applicant's official transprint inclu						ilitu). Haa naga O	to complete
Attach applicant's official transcript, incluvour evaluation for this student. Be sure		ogress, a scriooi profile,	and transcript legend. (Check transcript o	opies for readabl	ility.) Use page 2	to complete
your evaluation for this statema 20 cm	to olgii bololii						
Counselor's name (Mr./Ms./Dr., etc.)							
a		Please print or typ					
Signature <u></u>					Da	mm/do	Uranni
Title			Cabaal			IIIII/UC	<i>17</i>
Title			School				
School address							
City/Town		State/Province	Country			ZIP/Postal Code	
Counselor's phone ()	Month		Counselor's fax (A/ /		
	Number	Ext.		Area Code	Number		
Secondary school CEEB/ACT code		Counselor	's e-mail				

Background Information

Class vanle	Class size.	Covering a	ariad fram	ło.		Ala lal		L La O O Vara O Na
Class fallk:	Class size:	_ Covering a p	(n	tO nm/yyyy) (n	nm/yyyy)	Are classes taken		date? O Yes O No
The rank is \bigcirc v	veighted \bigcirc unweighted. How many	students share t	his rank?			If you offer AP cou	•	
O We do not ran	k. Instead, please indicate quartile _	qu	intile	decile		student can take?	○ Yes ○ No	
Cumulative GPA:	on a scale,	covering a perio	od from	yyyy) to	nm/yyyy)	In comparison wit students at your s selection is:		
This GPA is \bigcirc w	reighted \bigcirc unweighted. The school's	passing mark is	S		·	O most demandi		
Highest GPA in c	lass		Graduation da	te		very demandingdemanding	g	
	aduating class immediately attending					averagebelow average		
3	J					g		
How long have yo	ou known this student and in what co	ntext?						
14 (1)								
What are the first	t words that come to your mind to des	scribe this stude	nt?					
Patings Comp	ared to other students in his or her cla	nee voor how do	you rate this st	udant in tarme (of•			
natings compa	area to other stadents in his or her cia	ass year, now uo	you rate tills si	uueni in tenns t	Very good	1		One of the top few
No basis		Dolow overego	Амономо	Good (above	(well abov	e Excellent	Outstanding	I've encountered
INO DASIS	Academic achievement	Below average	Average	average)	average)	(top 10%)	(top 5%)	(top 1%)
	Extracurricular accomplishments							
	Personal qualities and character							
	OVERALL							
	ase write whatever you think is importa ssment that will help us to differentiate							
	ant ever been found responsible for a conduct or behavioral misconduct, that							
-	edge, has the applicant ever been co							tale of a d
incident and expl	yes to either or both questions, please ain the circumstances.	·		•		_	he approximate	date of each
∪ Uneck here i	if you would prefer to discuss thi	s applicant ov	er tne phone v	vitn each admi	ission office).		
	I recommend this student:	○ No basis (○ With reservat	ion O Fairly s	trongly O	Strongly O Enthu	siastically	

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(_____) Area Code

Secondary school CEEB/ACT code

Counselor's phone (

Please detach along perforation

2008-09 MIDYEAR REPORT

MR

For Spring 2009, Fall 2009, or Spring 2010 Enrollment

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. Please also give that school official stamped envelopes addressed to each institution that requires a Midyear Report. O Female Legal name O Male Last/Family (Enter name **exactly** as it appears on official documents.) Middle (complete) mm/dd/yyyy (Optional) Address Number & Street Apartment # City/Town ZIP/Postal Code State/Province Country 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** 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). 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. O 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 🔍 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 page 2 to complete your evaluation for this student. Be sure to sign below. Counselor's name (Mr./Ms./Dr., etc.) Signature_ Title School School address State/Province ZIP/Postal 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 on page 1*.

Class rank	Class size:	Covering a	neriod from	to		Are classes taken	on a block sched	dule? ○ Ves ○ No
		007011119 u		nm/yyyy) (m				date? O Yes O No
The rank is \bigcirc v	weighted O unweighted. How many	students share	this rank?			If you offer AP cou	·	
○ We do not ran	nk. Instead, please indicate quartile _	q	uintile	decile		student can take?		
Cumulative GPA:	on a scale,	covering a peri	od from	to	m/yyyy)	In comparison wit students at your selection is:		
This GPA is \bigcirc w	veighted \bigcirc unweighted. The school's	passing mark	is		·	O most demandi	O .	
Highest GPA in c	class		_ Graduation da	te		very demandirdemanding	ng	
Doroontogo of ar	aduating class immediately attending		four your	(mm/dd/y		○ average		
reiceillage of gra	addating class infinediately attending		_ioui-yeai	two-year ii	15111111111115	O below average	,	
	ou known this student and in what co							
Ratings Compa	ared to other students in his or her cl	ass vear, how d	o vou rate this st	udent in terms o	f:			
No basis		Below average		Good (above average)	Very good (well abov average)	e Excellent	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
140 00313	Academic achievement	Delow average	Average	average	average)	(top 1070)	(top 370)	(top 1/0)
	Extracurricular accomplishments							
	Personal qualities and character							
	OVERALL							
welcome a broad	ease write whatever you think is impo I-based assessment that will help us alf of this student.)							
academic misc	cant ever been found responsible for conduct or behavioral misconduct, that	t resulted in the	applicant's proba	tion, suspension,	removal, disi	missal, or expulsion	ent) forward, wh from your institu	nether related to tion? ○ Yes ○ No
-	ledge, has the applicant ever been co						ha anis	data of!
incident and expl	yes to either or both questions, pleas lain the circumstances.	•		-		-	ne approximate	date of each
○ Check here	if you would prefer to discuss thi	s applicant ov	er the phone v	vith each admi	ssion office).		
	I recommend this student:	\bigcirc No basis	O With reservat	ion O Fairly st	trongly O	Strongly O Enthu	siastically	

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2008-09 FINAL REPORT

FR

For Spring 2009, Fall 2009, or Spring 2010 Enrollment

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. Please also give that school official a stamped envelope addressed to the institution you plan to attend. O Female Legal name O Male Last/Family (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Social Security # Birth date mm/dd/vvvv (Ontional) 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 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). 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. ONO, 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 (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 page 2 to complete your evaluation for this student. Be sure to sign below. Signature_ Date Title School School address State/Province Counselor's fax (_____) ____

Counselor's e-mail _

Secondary school CEEB/ACT code ___

Please detach along perforation

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 on page 1*.

Class rank: Class size: The rank is O weighted O unweighted. How many O We do not rank. Instead, please indicate quartile Cumulative GPA: on a scale This GPA is O weighted O unweighted. The school Highest GPA in class Percentage of graduating class immediately attending	v students share t qu , covering a perio 's passing mark is	his rank? intile d from (mm/) s Graduation dat	decile to te 	m/yyyy) 	Are classes taken of Is the applicant an If you offer AP coustudent can take? In comparison with students at your selection is: o most demandin of demandin of demanding of average of the selection is:	B Diploma candidurses, do you lim Yes No h other college chool, the applia	date? O Yes O No nit the number a preparatory
How long have you known this student and in what of	ontext?						
What are the first words that come to your mind to d	escribe this stude	nt?					
Ratings Compared to other students in his or her o	class year, how do	you rate this st	udent in terms o Good (above average)	f: Very good (well abov average)	e Excellent	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 imp welcome a broad-based assessment that will help us prepared on behalf of this student.)							
Has the applicant ever been found responsible for academic misconduct or behavioral misconduct, th To your knowledge, has the applicant ever been of	at resulted in the a	pplicant's probat	tion, suspension,	removal, dis	missal, or expulsion		
If you answered yes to either or both questions, plea incident and explain the circumstances.						ne approximate	date of each
Check here if you would prefer to discuss the state of the state	is applicant ove	er the phone w	vith each admi	ssion office) .		
I recommend this student:	O No basis	○ With reservati	ion O Fairly st	trongly O	Strongly O Enthu	siastically	