

PERSONAL DATA

Legal name _____ ☐ Female
☐ Male
Last/Family (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 _____
mm/dd/yyyy

Citizenship

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

How many years have you lived in the United States? _____

List any non-US countries of citizenship _____

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

Place of birth _____
City/Town State/Province Country

Social Security Number (if any) _____

First language, if other than English _____

Primary language spoken at home, if other than English _____

US Armed Services veteran? ☐ Yes ☐ No

Marital status: ☐ Never married
☐ Married
☐ Widowed
☐ Separated
☐ Divorced (date _____)
mm/yyyy

If you wish to be identified with a particular ethnic group, please check all that apply:

- ☐ African American, African, Black
☐ Native American, Alaska Native (date enrolled _____)
Tribal affiliation _____
☐ Asian American (country _____)
☐ Asian, incl. Indian Subcontinent (country _____)
☐ Hispanic, Latino (country _____)
☐ Mexican American, Chicano
☐ Puerto Rican
☐ Native Hawaiian, Pacific Islander
☐ White or Caucasian
☐ Other (specify _____)

ADDRESS

E-mail address _____ IM address _____

Permanent home address _____
Number & Street Apartment #

_____ City/Town State/Province Country ZIP/Postal Code

Permanent home phone (_____) _____
Area Code Cell phone (_____) _____
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 college or university, 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, and not all colleges require a response to each. Please complete the rest of page 1 and make photocopies of the page. Then complete this Future Plans section as appropriate for each of the colleges to which you are applying. It is important that students review institutional publications or websites for complete application requirements and instructions.

College _____ Deadline _____
mm/dd/yyyy

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

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 live in college housing?

☐ Yes ☐ No

Do you intend to be a full-time student?

☐ Yes ☐ No

Do you intend to earn a degree?

☐ Yes ☐ No

Possible area(s) of academic concentration/major(s) _____

Possible career or professional plans _____

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.

Household

Parents' Marital Status (relative to each other): ☐ Never married ☐ Married ☐ Widowed ☐ Separated ☐ Divorced (date _____) mm/yyyy

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

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 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 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 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 or on an attached sheet.

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

Colleges & Universities Are you currently enrolled in college? ☐ Yes ☐ No

Current or most recent college or university attended _____

Entry Date _____ mm/yyyy Exit Date _____ mm/yyyy School Type ☐ public ☐ independent This is a ☐ 2-year ☐ 4-year institution

Address _____ CEEB/ACT code _____
Number & Street

City/Town State/Province Country ZIP/Postal Code

Advisor's name (Mr./Ms./Dr., etc.) _____ Advisor's title _____

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

List all other colleges or universities, including summer schools as well as summer and other programs, you have attended, beginning with your first year of college.

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"/>	_____	_____

Do you expect to earn a degree prior to enrolling at the college to which you are applying? ☐ Yes ☐ No If so, what type of degree? _____

Secondary Schools

List all secondary schools you have attended. Please have a School Report form, Official Transcript, and School Profile sent from each institution as soon as possible.

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

If your secondary school education was interrupted, check all that apply and provide details in the Additional Information section or on an attached sheet. If you are not currently enrolled in college full-time, please describe in detailed chronological order (on a separate sheet) your activities since last enrolled in school full-time.

- ☐ graduated late ☐ changed secondary schools ☐ did not graduate
☐ graduated early ☐ took time off ☐ received GED Date: _____ mm/yyyy (Official scores must be sent from the testing agency.)

STANDARDIZED TESTS

Be sure to note the tests required for each institution to which you are applying. Official SAT, ACT, and TOEFL / IELTS / MELAB scores must be submitted to each institution that requires them as soon as possible. Please self-report your test scores below.

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 11th grade or international equivalent (e.g. National Merit, Cum Laude Society).

Grade level					Honor	Level of Recognition			
11	12	FY	SO	JR		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"/>

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					Approximate time spent		When did you participate in the activity?		Positions held, honors won, or letters earned	If applicable, do you plan to continue?
11	12	FY	SO	JR	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).

Personal Essay This personal essay helps us become acquainted with you in ways different from courses, grades, test scores, and other objective data. It will demonstrate your ability to organize your thoughts and express yourself. We are looking for an essay that will help us know you better as a person and as a student. Attach your essay to the last page on a separate sheet(s) (same size please). You must put your full name, date of birth, and name of current institution on each sheet.

Please provide a statement (250 words minimum) that addresses your reasons for transferring and the objectives you hope to achieve.

Disciplinary History

- ① Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9th 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 document that provides the approximate date of each incident and explains the circumstances.


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.

SIGNATURE & PAYMENT

Application Fee Payment ☐ Online Payment ☐ Mailed Payment ☐ Online Fee Waiver Request ☐ Mailed 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 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. In addition, I authorize the release of my admission decision to my current institution.

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 an instructor who has taught you a full-credit college class. Please also give that instructor stamped envelopes addressed to each institution that requires an Instructor Evaluation.

Legal name _____ ☐ Female
Last/Family (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

College or university 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*).
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 INSTRUCTOR

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.**

Instructor's name (Mr./Ms./Dr., etc.) _____ Subject taught _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

College or university _____

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

Instructor's phone (_____) _____ Instructor'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 (first-year, sophomore, etc.) and the level of course difficulty (100-level, 200-level, etc.).

Ratings Compared to other students to whom you have taught this class, how do you rate this student in terms of:

				Good	Very good	Excellent	Outstanding	One of the top few
		Below average	Average	(above average)	(well above average)	(top 10%)	(top 5%)	I've encountered (top 1%)
No basis								
	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 an instructor who has taught you a full-credit college class. Please also give that instructor stamped envelopes addressed to each institution that requires an Instructor Evaluation.

Legal name _____ ☐ Female
Last/Family (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

College or university 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*).
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 INSTRUCTOR

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.**

Instructor's name (Mr./Ms./Dr., etc.) _____ Subject taught _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

College or university _____

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

Instructor's phone (_____) _____ Instructor'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 (first-year, sophomore, etc.) and the level of course difficulty (100-level, 200-level, etc.).

Ratings Compared to other students to whom you have taught this class, 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 college official at your institution. Please also give that school official sealed official transcripts and stamped envelopes addressed to each institution that requires a College Official's Report. **This form must be completed by a dean or other college official who has access to your disciplinary record and to your academic record.** If one person at your college does not have access to all of this information, please ask the official who can provide information about your academic record to first complete the academic portion of the form and then securely forward it to the official who can provide information about your disciplinary record for completion of these questions and for mailing to your colleges.

Legal name _____ ☐ Female
Last/Family (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

College/university you now attend _____ CEEB/ACT code _____

Current year courses—please indicate title, level, 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/Quarter	Grade	Second Semester/Quarter	Grade	Third Quarter	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

How many college credits will you earn this academic year? _____

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

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

Signature _____ Date _____

I authorize all colleges and universities I've attended to release all requested records and authorize review of my application for the admission process indicated on this form.

Signature _____ Date _____

TO THE COLLEGE OFFICIAL

If you have access to the applicant's academic record and disciplinary record, please complete this form in its entirety. Attach the applicant's official transcript (check copies for readability). Use page 2 to complete your evaluation for this student, and be sure to sign below. If you have access to the applicant's academic record only, please complete the relevant portion of this form, then forward to the appropriate official for completion of the disciplinary questions, asking that official to mail the form to the applicant's colleges after doing so.

College official's name (Mr./Ms./Dr., etc.) _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

Title _____ College or university _____

College or university address _____
City/Town State/Province Country ZIP/Postal Code

College official's phone (_____) _____ College official's fax (_____) _____
Area Code Number Ext. Area Code Number Ext.

College or university CEEB/ACT code _____ College official's e-mail _____
mm/dd/yyyy

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)

School Seal

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.)

If you are completing only the questions pertaining to the applicant's disciplinary record, please provide the following information:

College official's name (Mr./Ms./Dr., etc.) _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

Title _____ College official's e-mail _____

College official's phone (_____) _____ College official's fax (_____) _____
Area Code Number Ext. Area Code Number Ext.

① Is this applicant in good academic standing? ☐ Yes ☐ No

② Is this applicant eligible to return to your school? ☐ Yes ☐ No

If you answered no to either or both questions, please attach a separate sheet of paper or use your written recommendation to provide details.

① Has the applicant ever been found responsible for a disciplinary violation at your school, 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