

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.

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

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.

☐ 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 page 2 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 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: _____ 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

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 9th 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.**