

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 (only one) _____ Former last name(s) _____

Birth Date _____ ☐ Female ☐ Male mm/dd/yyyy US Social Security Number, if any _____
Required for US Citizens and Permanent Residents applying for financial aid via FAFSA

Preferred Telephone ☐ Home ☐ Cell Home (_____) _____ Cell (_____) _____
Area/Country/City Code Area/Country/City Code

E-mail Address _____ IM Address _____

Permanent home address _____
Number & Street Apartment #

City/Town _____ County or Parish _____ State/Province _____ Country _____ ZIP/Postal Code _____

If different from above, please give your current mailing address for all admission correspondence. (from _____ to _____)
(mm/dd/yyyy) (mm/dd/yyyy)

Current mailing address _____
Number & Street Apartment #

City/Town _____ County or Parish _____ State/Province _____ Country _____ ZIP/Postal Code _____

If your current mailing address is a college or university, include name of school here: _____

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)

Academic Interests _____

Career Interest _____

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 be a full-time student? ☐ Yes ☐ No

Do you intend to enroll in a degree program your first year? ☐ Yes ☐ No

Do you intend to live in college housing? _____

What is the highest degree you intend to earn? _____

DEMOGRAPHICS

Citizenship Status _____

Non-US Citizenship _____

Birthplace _____
City/Town State/Province Country

Years lived in the US? _____ Years lived outside the US? _____

Language Proficiency (Check all that apply.)
S(Speak) R(Read) W(Write) F(First Language) H(Spoken at Home)

	S	R	W	F	H
_____	<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"/>

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

Religious Preference _____

US Armed Services veteran status _____

1. Are you Hispanic/Latino?
☐ Yes, Hispanic or Latino (including Spain) ☐ No If yes, please describe your background. _____

2. Regardless of your answer to the prior question, please indicate how you identify yourself. (Check one or more and describe your background.)

☐ American Indian or Alaska Native (including all Original Peoples of the Americas)
Are you Enrolled? ☐ Yes ☐ No If yes, please enter Tribal Enrollment Number _____

☐ Asian (including Indian subcontinent and Philippines) _____

☐ Black or African American (including Africa and Caribbean) _____

☐ Native Hawaiian or Other Pacific Islander (Original Peoples) _____

☐ White (including Middle Eastern) _____

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.

Household

Parents' marital status (relative to each other): ☐ Never Married ☐ Married ☐ Civil Union/Domestic Partners ☐ 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

If you have children, how many? _____

Parent 1

☐ Mother ☐ Father ☐ Unknown

Is Parent 1 living? ☐ Yes ☐ No (Date Deceased _____)
mm/yyyy

Last/Family/Sur First/Given Middle

Former last name(s) _____

Country of birth _____

Home address **if different** from yours

Preferred Telephone: ☐ Home ☐ Cell ☐ Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

College (if any) _____ CEEB _____

Degree _____ Year _____

Graduate School (if any) _____ CEEB _____

Degree _____ Year _____

Parent 2

☐ Mother ☐ Father ☐ Unknown

Is Parent 2 living? ☐ Yes ☐ No (Date Deceased _____)
mm/yyyy

Last/Family/Sur First/Given Middle

Former last name(s) _____

Country of birth _____

Home address **if different** from yours

Preferred Telephone: ☐ Home ☐ Cell ☐ Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

College (if any) _____ CEEB _____

Degree _____ Year _____

Graduate School (if any) _____ CEEB _____

Degree _____ Year _____

Legal Guardian (if other than a parent)

Relationship to you _____

Last/Family/Sur First/Given Middle Title (Mr./Mrs./Ms./Dr.)

Country of birth _____

Home address **if different** from yours

Preferred Telephone: ☐ Home ☐ Cell ☐ Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

College (if any) _____ CEEB _____

Degree _____ Year _____

Graduate School (if any) _____ CEEB _____

Degree _____ Year _____

Siblings

Please give names and ages of your brothers or sisters. If they are enrolled in grades K-12 (or international equivalent), list their grade levels. 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.

Name Age & Grade Relationship

College Attended _____ CEEB _____

Degree earned _____ Dates _____
mm/yyyy – mm/yyyy

Name Age & Grade Relationship

College Attended _____ CEEB _____

Degree earned _____ Dates _____
mm/yyyy – mm/yyyy

Name Age & Grade Relationship

College Attended _____ CEEB _____

Degree earned _____ Dates _____
mm/yyyy – mm/yyyy

EDUCATION

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

Current or most recent college or university attended _____

Entry Date _____ Exit Date _____ 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./Mrs./Ms./Dr.) _____ Advisor's title _____

E-mail _____ Telephone (_____) _____ Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number

Report all college attendance beginning with your first year of college and mark all that apply: taught on college campus (CO); taught on high school campus, excluding AP/IB (HS); taught online (ON); college credit awarded (CR); transcript available (TR); degree candidate (DC). Please have official transcripts sent as soon as possible.

College/University Name & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	CO	HS	ON	CR	TR	DC	Dates Attended mm/yyyy – mm/yyyy	Degree Earned
_____	_____	<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"/>	_____	_____

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? _____

Are you a member of Phi Theta Kappa? ☐ Yes ☐ No

Secondary Schools

List all secondary schools you have attended and have the school you graduated from/attended most recently send a Final Report, official transcript, and school profile.

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

Secondary School Graduate Date _____
mm/dd/yyyy

Please list any community program/organization that has provided free assistance with your application process: _____

If your education was interrupted, please indicate so here and provide details in the Additional Information section: _____

ACADEMICS

The self-reported information in this section is not intended to take the place of your official records. Please note the requirements of each institution to which you are applying and arrange for official transcripts and score reports to be sent from your secondary school and the appropriate testing agencies. Where "Best Scores" are requested, please report the highest individual scores you have earned so far, even if those scores are from different test dates.

Secondary School Grades

Class Rank _____ Class Size _____ Weighted? ☐ Yes ☐ No GPA _____ Scale _____ Weighted? ☐ Yes ☐ No
(if available) (if available)

ACT

Exam Dates: _____ Best Scores: _____
(past & future) *(so far)*
mm/yyyy mm/yyyy mm/yyyy COMP mm/yyyy English mm/yyyy Math mm/yyyy
Reading mm/yyyy Science mm/yyyy Writing mm/yyyy

SAT

Exam Dates: _____ Best Scores: _____
(past & future) *(so far)*
mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy Critical Reading mm/dd/yyyy Math mm/dd/yyyy Writing mm/dd/yyyy

TOEFL/IELTS

Exam Dates: _____ Best Score: _____
(past & future) *(so far)*
mm/yyyy mm/yyyy mm/yyyy Test Score mm/yyyy

AP/IB/SAT Subjects

Best Scores: <i>(per subject, so far)</i>	Type & Subject	Score	mm/yyyy	Type & Subject	Score	mm/yyyy	Type & Subject	Score	mm/yyyy
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Current Courses Please indicate title, level (100-level, 200-level, 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. If you are not currently enrolled in college, please list the courses you took most recently.

Full Year/First Semester/First Trimester	Second Semester/Second Trimester	Third Trimester <i>or additional first/second term courses if more space is needed</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors Briefly list any academic distinctions or honors you have received since the 9th grade or international equivalent (e.g., National Merit, Cum Laude Society).
S(School) S/R(State or Regional) N(National) I(International)

Grade level						Honor	Highest Level of Recognition				
11	12	FY	SO	JR	S		S/R	N	I		
<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"/>

EXTRACURRICULAR ACTIVITIES & WORK EXPERIENCE

Extracurricular Please list your **principal** extracurricular, volunteer, and work activities **in their order of importance to you**. Feel free to group your activities and paid work experience separately if you prefer. Use the space available to provide details of your activities and accomplishments (specific events, varsity letter, musical instrument, employer, 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, letters earned, or employer	If applicable, do you plan to participate in college?
11	12	FY	SO	JR	Hours per week	Weeks per year	School year	Summer/ School Break		
<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 _____										
<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 _____										

WRITING

Please briefly elaborate on one of your extracurricular activities or work experiences in the space below.

Personal Essay 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.

Please provide a statement of 250-500 words that addresses your reasons for transferring and the objectives you hope to achieve, and attach it to your application before submission. *NOTE: Your Common Application essay should be the same for all colleges. Do not customize it in any way for individual colleges. Colleges that want customized essay responses will ask for them on a supplement form.*

Additional Information Please attach a separate sheet if you wish to provide details of circumstances or qualifications not reflected in the application.

Disciplinary History

- ① Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution. ☐ Yes ☐ No
- ② Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? ☐ Yes ☐ No
[Note that you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]

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.

Note: Applicants are expected to immediately notify the institutions to which they are applying should there be any changes to the information requested in this application, including disciplinary history.


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, and that these documents will become the property of the institutions to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have 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 affirm that I will send an enrollment deposit (or equivalent) to only one institution; sending multiple deposits (or 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

Common Application member institution admission offices do not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, sex, age, marital status, parental status, physical disability, learning disability, political affiliation, veteran status, or sexual orientation.

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. If applying via mail, please also give that instructor stamped envelopes addressed to each institution that requires a College Instructor 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 _____ CAID (Common App ID) _____
mm/dd/yyyy

Address _____
Number & Street Apartment # City/Town County or Parish State/Province Country ZIP/Postal Code

College or university you now attend _____ CEEB/ACT Code _____

IMPORTANT PRIVACY NOTE: By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by The Common Application member institution(s) to which I am applying. I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, 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. I waive my 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.

Required Signature _____ Date _____

TO THE INSTRUCTOR

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 before mailing directly to the college/university admission office. **Do not mail this form to The Common Application offices.**

Instructor's Name (Mr./Mrs./Ms./Dr.) _____ 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 Telephone (_____) _____ Instructor's E-mail _____
Area/Country/City 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:

		Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encoun- tered (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

This form must accompany an official copy of your transcript and must be completed by a college official(s) who has access to your academic record and your disciplinary record. Please follow these steps to ensure the form is completed accurately and in its entirety. **Step 1:** Complete all relevant questions below, including the signature statement. **Step 2:** Give this form to a dean or college official who has access to your academic record and ask that official to complete the academic portion of this form. **Step 3:** If the official completing the academic portion does not also have access to your disciplinary record, please ask the individual to securely forward the form to a second official who can answer those questions before duplicating this form and mailing it to your colleges along with copies of your official transcript(s).

Legal Name _____ ☐ Female
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc. ☐ Male

Birth Date _____ CAID (Common App ID) _____
mm/dd/yyyy

Address _____
Number & Street Apartment # City/Town County or Parish 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? _____

IMPORTANT PRIVACY NOTE: By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by The Common Application member institution(s) to which I am applying. I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, 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. I waive my 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.

Required 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 both pages 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. **Do not mail this form to The Common Application offices.**

College Official's Name (Mr./Mrs./Ms./Dr.) _____
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 Telephone (_____) _____ College Official's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number Ext.

College or University CEEB/ACT Code _____ College Official's E-mail _____
mm/dd/yyyy

Background Information

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

If you know this student, please indicate for how long and in what context. _____

If you know this student, 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 provide comments that will help us differentiate this student from others. Feel free to attach an additional sheet or another reference you've prepared for this student. We especially welcome a broad-based assessment and encourage you to consider describing or addressing:

- The applicant's academic, extracurricular, and personal characteristics.
- Relevant context for the applicant's performance and involvement, such as particularities of family situation or responsibilities, work obligations, or other circumstances, either positive or negative.
- Observed problematic behaviors, perhaps separable from academic performance, that an admission committee should explore further.

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

College Official's Name (Mr./Mrs./Ms./Dr.) _____
Please print or type

Signature  _____ Date _____
mm/dd/yyyy

Title _____ College Official's E-mail _____

College Official's Telephone (_____) _____ College Official's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City 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

TO THE APPLICANT

After completing all the relevant questions below, give this form to instructors whose courses you are enrolled in at the time you file your application and ask them to provide a general indication of your performance, including your current grade and (if they wish) additional comments, and to sign and date the form. They should also provide the course title, number, and credits.

Legal Name _____ ☐ Female
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc. ☐ Male

Birth Date _____ CAID (Common App ID) _____
mm/dd/yyyy

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

College or University you now attend _____ CEEB/ACT Code _____

IMPORTANT PRIVACY NOTE: By signing this form, I authorize all schools that I have attended to release all requested records covered under the Family Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by The Common Application member institution(s) to which I am applying. I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.


I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, 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. I waive my 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.

Required Signature  _____ Date _____

TO THE INSTRUCTOR

The Common Application membership finds it helpful to receive a general indication of how the student is performing in the courses he/she is currently enrolled in as they choose from among highly qualified candidates. **Be sure to sign below.**

Course Title/Department _____ Course Number _____ Credits _____

Current Grade _____ Comments (Optional) _____

Professor's Signature  _____ Date _____

Course Title/Department _____ Course Number _____ Credits _____

Current Grade _____ Comments (Optional) _____

Professor's Signature  _____ Date _____

Course Title/Department _____ Course Number _____ Credits _____

Current Grade _____ Comments (Optional) _____

Professor's Signature  _____ Date _____


Course Title/Department _____ Course Number _____ Credits _____

Current Grade _____ Comments (Optional) _____

Professor's Signature  _____ Date _____

Course Title/Department _____ Course Number _____ Credits _____

Current Grade _____ Comments (Optional) _____

Professor's Signature  _____ Date _____

TO THE APPLICANT

After completing the information in this section, give this form to your school counselor or another school official who knows you better. **If applying via mail**, please also give that school official stamped envelopes addressed to all institutions requesting a final transcript.

Legal Name _____ ☐ Female
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc. ☐ Male

Birth Date _____ CAID (Common App ID) _____
mm/dd/yyyy

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____ CEEB/ACT Code _____

IMPORTANT PRIVACY NOTE: In accordance with the Family Educational Rights and Privacy Act (FERPA), the original School Report submitted on your behalf reflects your choice to waive or not waive your right of access to all recommendations and supporting documents. That response applies to all subsequent reports, including this one. You chose the following:

- ☐ 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.

TO THE SCHOOL COUNSELOR

Please submit this form when final grades are available (end of second semester or third trimester). Attach applicant's official transcript and transcript legend. (Please check transcript copies for readability.) **Be sure to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices.**

Counselor's Name (Mr./Mrs./Ms./Dr.) _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

Title _____ School _____

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

School Website Address _____

Counselor's Telephone (_____) _____ Counselor's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number

School CEEB/ACT Code _____ Counselor's E-mail _____

Background Information If any of the information below has changed for this student since the Midyear Report was submitted, please enter the new information in the appropriate section below. **(Counselors of transfer applicants need not answer the questions below the shaded box.)**

Class Rank _____ Class Size _____ Covering a period from _____ to _____ Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____.
(mm/yyyy) (mm/yyyy) (mm/yyyy) (mm/yyyy)

The rank is ☐ weighted ☐ unweighted. This GPA is ☐ weighted ☐ unweighted. The school's passing mark is _____
How many additional students share this rank? _____

☐ We do not rank. Instead, please indicate quartile _____ quintile _____ decile _____
(mm/dd/yyyy)

Have there been any changes to the senior year courses listed on the original School Report? ☐ Yes ☐ No

Have there been any changes in the applicant's disciplinary status at your school since you submitted the original School Report?
☐ Yes ☐ No ☐ School policy prevents me from responding

To your knowledge, have there been any changes to the applicant's criminal history since you submitted the original School Report?
☐ Yes ☐ No ☐ School policy prevents me from responding

Do you wish to update your original evaluation of this applicant? ☐ Yes ☐ No

If you responded yes to any of the preceding questions, please attach an explanation.

☐ Check here if you would prefer to discuss this applicant over the phone with each admission office.