

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 (choose only one) _____ Former last name(s), if any _____

Birth date _____ ☐ Female ☐ Male US Social Security Number, if any _____
mm/dd/yyyy *Optional, unless applying for US Federal financial aid with the FAFSA form*

E-mail address _____ IM address _____

Permanent home address _____
Number & Street *Apartment #*

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

Permanent home phone (_____) _____
Area Code *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 boarding school, 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. 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)

Decision Plan: ☐ Regular Decision ☐ Rolling Admission
☐ Early Decision ☐ Early Decision II
☐ Early Action ☐ Early Action II
☐ Restrictive Early Action ☐ Early Admission
juniors only

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? _____
Academic Interests: _____

Career Interest: _____

DEMOGRAPHICS

☐ US citizen
☐ Dual US citizen
☐ US permanent resident visa (Alien registration # _____)
☐ Other citizenship (Visa type _____)
List any non-US countries of citizenship _____

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

Place of birth _____
City/Town *State/Province* *Country*

First language _____

Primary language spoken at home _____

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

Marital status: _____

US Armed Services veteran? ☐ Yes ☐ No

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

2. Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:
☐ American Indian or Alaska Native (including all Original Peoples of the Americas)
Are you Enrolled? ☐ Yes ☐ No If yes, please enter Tribal Enrollment Number _____
Please describe your background _____

☐ Asian (including Indian subcontinent and Philippines)
Please describe your background _____

☐ Black or African American (including Africa and Caribbean)
Please describe your background _____

☐ Native Hawaiian or Other Pacific Islander (Original Peoples)
Please describe your background _____

☐ White (including Middle Eastern)
Please describe your background _____

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 **online**, or on an attached sheet **if applying via mail**.

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/Sur 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/Sur 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/Sur 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 **online**, or on an attached sheet **if applying via mail**.

Name Age Relationship

College Attended _____

Degree Earned _____ Dates _____
yyyy-yyyy

Name Age Relationship

College Attended _____

Degree Earned _____ Dates _____
yyyy-yyyy

Name Age Relationship

College Attended _____

Degree Earned _____ Dates _____
yyyy-yyyy

ACADEMICS

Secondary Schools

Current or most recent secondary school attended _____

Entry Date _____ Graduation Date _____ School Type ☐ public ☐ charter ☐ independent ☐ religious ☐ home school
mm/yyyy mm/dd/yyyy

Address _____ CEEB/ACT Code _____
Number & Street

City/Town _____ State/Province _____ Country _____ ZIP/Postal Code _____
Counselor's name (Mr./Ms./Dr., etc.) _____ Counselor's Title _____

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

List all other secondary schools, including summer schools as well as summer and other programs, you have attended, beginning with 9th grade.

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

If you received college counseling or assistance with your application process from a community-based organization (such as Upward Bound, Questbridge, HEOP, etc.), please specify. _____

If your secondary school education was or will be interrupted, check all that apply and provide details in the Additional Information section or on an attached sheet.

☐ did/will graduate late ☐ did/will change secondary schools ☐ did not/will not graduate
☐ did/will graduate early ☐ did/will take time off ☐ did/will receive GED Date: _____ (Official scores must be sent from the testing agency.)
mm/yyyy

Colleges & Universities List all colleges/universities at which you have taken courses for credit; list names of courses taken, grades earned, and credits earned in the Additional Information section **online**, or on an attached sheet **if applying via mail**. Please have an official transcript sent from each institution as soon as possible.

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"/>	_____	_____

TESTS

Be sure to note the tests required for each institution to which you are applying. The official SAT, ACT, TOEFL, MELAB and/or IELTS scores from the appropriate testing agencies should be sent as soon as possible.

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 9th grade or international equivalent (e.g. National Merit, Cum Laude Society).

Grade level or post-graduate (PG)					Honor	Level of Recognition			
9	10	11	12	PG		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"/>
<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 or post-graduate (PG)					Approximate time spent		When did you participate in the activity?		Positions held, honors won, or letters earned	If applicable, do you plan to participate in college?
9	10	11	12	PG	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 Please write an essay (250 words minimum) on a topic of your choice or on one of the options listed below, and attach it to your application before submission. **Please indicate your topic by checking the appropriate box.** 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.

- ☐ 1 Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
- ☐ 2 Discuss some issue of personal, local, national, or international concern and its importance to you.
- ☐ 3 Indicate a person who has had a significant influence on you, and describe that influence.
- ☐ 4 Describe a character in fiction, a historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
- ☐ 5 A range of academic interests, personal perspectives, and life experiences adds much to the educational mix. Given your personal background, describe an experience that illustrates what you would bring to the diversity in a college community, or an encounter that demonstrated the importance of diversity to you.
- ☐ 6 Topic of your choice.

Disciplinary History

- ① Have you ever been found responsible for a disciplinary violation at any 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 separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

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

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. I authorize all schools attended to release all requested records covered under the FERPA act, and authorize review of my application for the admission program indicated on this form. 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.
- ☐ 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 also affirm that I will send an enrollment deposit (or the equivalent) to only one institution; sending multiple deposits (or the 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

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 a teacher who has taught you an **academic** subject (for example, English, foreign language, math, science, or social studies). **If applying via mail**, please also give that teacher stamped envelopes addressed to each institution that requires a Teacher 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 _____ 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 _____

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 TEACHER

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**.

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

Signature  _____ Date _____
mm/dd/yyyy

Secondary school _____

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

Teacher's phone (_____) _____ Teacher'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 (10th, 11th, 12th; first-year, sophomore; etc.) and the level of course difficulty (AP, IB, accelerated, honors, elective; 100-level, 200-level, etc.).

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.)

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). **If applying via mail**, please also give that teacher stamped envelopes addressed to each institution that requires a Teacher 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 _____ 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 _____

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- ☐ 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 TEACHER

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**.

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

Signature  _____ Date _____
mm/dd/yyyy

Secondary school _____

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

Teacher's phone (_____) _____ Teacher'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 (10th, 11th, 12th; first-year, sophomore; etc.) and the level of course difficulty (AP, IB, accelerated, honors, elective; 100-level, 200-level, etc.).

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.)

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. **If applying via mail**, please also give that school official stamped envelopes addressed to each institution that requires a Secondary School Report.

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

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 <small>or additional first/second term courses if more space is needed</small>

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- The institution does not save recommendations post-matriculation (*see list at www.commonapp.org/FERPA*).
- 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

Attach applicant's official transcript, including courses in progress, a school profile, and transcript legend. (Check transcript copies for readability.) Use both pages 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

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

How many AP courses does your school offer (in total)? _____

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.)

☐ 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

☐ 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

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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. **If applying via mail**, please also give that school official stamped envelopes addressed to each institution that requires a Midyear Report.

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

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
or additional first/second term courses if more space is needed

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 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 both pages 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 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.*

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

How many AP courses does your school offer (in total)? _____

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.**

I recommend this student: ☐ No basis ☐ With reservation ☐ Fairly strongly ☐ Strongly ☐ Enthusiastically

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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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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 _____

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