

PERSONAL DATA

Female
 Male

Legal name _____
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 (_____) _____ Cell 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, 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. **If applying Early Decision** please submit the Common Application ED Agreement if the college or university requires one.

College _____ Deadline _____
mm/dd/yyyy

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

Decision Plan: Regular Decision Rolling Admission
 Early Decision I Early Decision II
 Early Action I Early Action II
 Restrictive Early Action Early Admission *seniors 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 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 _____)

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

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

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 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 and grades earned on a separate sheet. 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"/>	_____	_____

STANDARDIZED TESTS

Be sure to note the tests required for each institution to which you are applying. The official scores from the appropriate testing agency must be submitted to each institution 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
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

AP/IB Tests

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. **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.

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 secondary school on each sheet.

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 separate sheet of paper that gives 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 secondary school.

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

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

Birth date _____ mm/dd/yyyy Social Security # _____ (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. 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.**

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.).

Please detach along perforation

Ratings Compared to other students in his or her class year, how do you rate this student in terms of:

	No basis	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
Academic achievement								
Intellectual promise								
Quality of writing								
Creative, original thought								
Productive class discussion								
Respect accorded by faculty								
Disciplined work habits								
Maturity								
Motivation								
Leadership								
Integrity								
Reaction to setbacks								
Concern for others								
Self-confidence								
Initiative, independence								
OVERALL								

Evaluation Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)

TO THE APPLICANT

After completing all the relevant questions below, give this form to a teacher who has taught you an **academic** subject (for example, English, foreign language, math, science, or social studies). Please also give that teacher stamped envelopes addressed to each institution that requires a Teacher Evaluation.

Legal name _____ Female
 Male
Last/Family (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 _____

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 - 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. 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.**

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.).

Please detach along perforation

Ratings Compared to other students in his or her class year, how do you rate this student in terms of:

	No basis	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
Academic achievement								
Intellectual promise								
Quality of writing								
Creative, original thought								
Productive class discussion								
Respect accorded by faculty								
Disciplined work habits								
Maturity								
Motivation								
Leadership								
Integrity								
Reaction to setbacks								
Concern for others								
Self-confidence								
Initiative, independence								
OVERALL								

Evaluation Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)

TO THE APPLICANT

After completing all the relevant questions below, give this form to your secondary school counselor or another school official who knows you better. Please also give that school official stamped envelopes addressed to each institution that requires a Secondary School Report.

Legal name _____ Female
 Male
Last/Family (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

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

Please detach along perforation

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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 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

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.

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 your secondary school counselor or another school official who knows you better. Please also give that school official stamped envelopes addressed to each institution that requires a Midyear Report.

Legal name _____ Female
 Male
Last/Family (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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please detach along perforation

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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 SECONDARY SCHOOL COUNSELOR

Please submit this form when midyear grades are available (end of first semester or second trimester). Attach applicant's official transcript, including courses in progress, a school profile, and transcript legend. (Please check transcript copies for readability.) Use page 2 to complete your evaluation for this student. **Be sure to sign below.**

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

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 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 _____ mm/dd/yyyy Social Security # _____ (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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please detach along perforation

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:

- 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

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.*

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(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 _____

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(mm/yyyy) (mm/yyyy)

This GPA is weighted unweighted. The school's passing mark is _____.

Highest GPA in class _____ Graduation date _____
(mm/dd/yyyy)

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Extracurricular accomplishments								
Personal qualities and character								
OVERALL								

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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

Check specific college information in our Requirements Grid or online to ensure a member institution uses this form.

Important: The Early Decision Agreement is required *only* for candidates who have chosen to apply via the binding Early Decision Plan to their first-choice institution.

College Name _____ Deadline _____

TO THE APPLICANT

Legal name _____ Female
 Male
Last/Family (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 _____

Have you been a candidate for admission to this college in any previous year? Yes No Year _____


INSTRUCTIONS


From the National Association for College Admission Counseling *Statement of Principles of Good Practice*:

Early Decision (ED) is the application process in which students make a commitment to a first-choice institution where, if admitted, they definitely will enroll. While pursuing admission under an Early Decision plan, students may apply to other institutions, but may have only one Early Decision application pending at any time. Should a student who applies for financial aid not be offered an award that makes attendance possible, the student may decline the offer of admission and be released from the Early Decision commitment. The institution must notify the applicant of the decision within a reasonable and clearly stated period of time after the Early Decision deadline. Usually, a nonrefundable deposit must be made well in advance of May 1. The institution will respond to an application for financial aid at or near the time of an offer of admission. Institutions with Early Decision plans may restrict students from applying to other early plans. Institutions will clearly articulate their specific policies in their Early Decision agreement.


If you are accepted under an early decision plan, you must promptly withdraw the applications submitted to other colleges and universities and make no additional applications. If you are an Early Decision candidate and are seeking financial aid, you need not withdraw other applications until you have received notification about financial aid.

Yes, I have read and understand my rights and responsibilities under the Early Decision process. I wish to be considered as an Early Decision candidate at: _____ . I also understand that with an Early Decision offer of admission, this institution may share my name and my Early Decision Agreement with other institutions.

Signature of Student  _____ Date _____
mm/dd/yyyy

Signature of Parent or Legal Guardian  _____ Date _____
mm/dd/yyyy

This student indicated his/her parent does not have access to e-mail, and therefore could not sign this form electronically.

Signature of Counselor  _____ Date _____
mm/dd/yyyy