

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
mm/dd/yyyy US Social Security Number, if any _____
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 Cell phone (_____) _____
Area Code

If different from above, please give your current mailing address for all admission correspondence.

Current mailing address (from _____ to _____)
(mm/dd/yyyy) *(mm/dd/yyyy)* *Number and Street* *Apartment #*

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

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

Phone at current mailing address (_____) _____ (from _____ to _____)
Area Code *(mm/dd/yyyy)* *(mm/dd/yyyy)*

FUTURE PLANS

Your answers to these questions will vary for different colleges. 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) Do you intend to apply for need-based financial aid? Yes No
 Spring (Jan-Jun) 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 _____)

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/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 _____
or Expected yyyy-yyyy

Name Age Relationship

College Attended _____

Degree Earned _____ Dates _____
or Expected yyyy-yyyy

Name Age Relationship

College Attended _____

Degree Earned _____ Dates _____
or Expected yyyy-yyyy

ACADEMICS

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

Current or most recent college or university attended _____

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

Address _____ CEEB/ACT code _____
Number & Street

City/Town State/Province Country ZIP/Postal Code

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

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

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

College/University Name & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	Degree Candidate?		Dates Attended (mm/yyyy)	Degree(s) Earned
		Yes	No		
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____

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

Secondary Schools

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

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

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

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

TESTS

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

ACT Tests

<i>Date taken/ to be taken</i>	English	Math	Reading	Science	Composite	Writing	<i>Date taken/ to be taken</i>	English	Math	Reading	Science	Composite	Writing
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

SAT Reasoning Tests

<i>Date taken/ to be taken</i>	Critical Reading	Math	Writing	<i>Date taken/ to be taken</i>	Critical Reading	Math	Writing	<i>Date taken/ to be taken</i>	Critical Reading	Math	Writing
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

SAT Subject Tests

<i>Date taken/ to be taken</i>	Subject	Score	<i>Date taken/ to be taken</i>	Subject	Score	<i>Date taken/ to be taken</i>	Subject	Score
_____	_____	_____	_____	_____	_____	_____	_____	_____

<i>Date taken/ to be taken</i>	Subject	Score	<i>Date taken/ to be taken</i>	Subject	Score	<i>Date taken/ to be taken</i>	Subject	Score
_____	_____	_____	_____	_____	_____	_____	_____	_____

AP/IB Tests

<i>Date taken/ to be taken</i>	Subject	Score	<i>Date taken/ to be taken</i>	Subject	Score	<i>Date taken/ to be taken</i>	Subject	Score
_____	_____	_____	_____	_____	_____	_____	_____	_____

<i>Date taken/ to be taken</i>	Subject	Score	<i>Date taken/ to be taken</i>	Subject	Score	<i>Date taken/ to be taken</i>	Subject	Score
_____	_____	_____	_____	_____	_____	_____	_____	_____

<i>Date taken/ to be taken</i>	Subject	Score	<i>Date taken/ to be taken</i>	Subject	Score	<i>Date taken/ to be taken</i>	Subject	Score
_____	_____	_____	_____	_____	_____	_____	_____	_____

TOEFL/IELTS/MELAB

<i>Date taken/ to be taken</i>	Test	Score	<i>Date taken/ to be taken</i>	Test	Score	<i>Date taken/ to be taken</i>	Test	Score
_____	_____	_____	_____	_____	_____	_____	_____	_____

Honors Briefly list any academic distinctions or honors you have received since the 11th grade or international equivalent (e.g. National Merit, Cum Laude Society).

Grade level					Honor	Level of Recognition			
11	12	FY	SO	JR		School	State/ Regional	National	Inter- national
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACTIVITIES

Extracurricular Please list your **principal** extracurricular, community, volunteer and family activities and hobbies **in the order of their interest to you**. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. **To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé.**

Grade level					Approximate time spent		When did you participate in the activity?		Positions held, honors won, or letters earned	If applicable, do you plan to continue?
11	12	FY	SO	JR	Hours per week	Weeks per year	School year	Summer		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										

Work Experience Please list **paid** jobs you have held during the past three years (including summer employment).

Specific nature of work	Employer	School year	Summer	Approximate dates (mm/yyyy - mm/yyyy)	Hours per week
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____

WRITING

Short Answer Please briefly elaborate on one of your extracurricular activities or work experiences in the space below or on an attached sheet (150 words or fewer).

Personal Essay This personal essay helps us become acquainted with you 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 (250 words minimum) that addresses your reasons for transferring and the objectives you hope to achieve, and attach it to your application before submission.

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 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 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 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 an Instructor Evaluation.

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

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

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf after matriculating, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (*see list at www.commonapp.org/FERPA*).
2. You waive your right to access below, regardless of the institution to which it is sent:
 - Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
 - No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Signature _____ Date _____

TO THE INSTRUCTOR

The Common Application membership finds candid evaluations helpful in choosing from among highly qualified candidates. 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.

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

Signature _____ Date _____
mm/dd/yyyy

College or university _____

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

Instructor's phone (_____) _____ Instructor's e-mail _____
Area Code Number Ext.

Background Information

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

List the courses you have taught this student, noting for each the student's year in school (first-year, sophomore, etc.) and the level of course difficulty (100-level, 200-level, etc.).

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

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

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

TO THE APPLICANT

After completing all the relevant questions below, give this form to 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 an 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 _____ mm/dd/yyyy Social Security # _____ (Optional)

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

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

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf after matriculating, unless at least one of the following is true:

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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 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.

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

Signature  _____ Date _____
mm/dd/yyyy

College or university _____

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

Instructor's phone (_____) _____ Instructor's e-mail _____
Area Code Number Ext.

Background Information

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

List the courses you have taught this student, noting for each the student's year in school (first-year, sophomore, etc.) and the level of course difficulty (100-level, 200-level, etc.).

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

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

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

TO THE APPLICANT

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

Legal name _____ Female
Last/Family/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

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 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 _____

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

Signature  _____ Date _____

TO THE COLLEGE OFFICIAL

If you have access to the applicant's academic record and disciplinary record, please complete this form in its entirety. Attach the applicant's official transcript (check copies for readability). Use 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.

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

Signature  _____ Date _____
mm/dd/yyyy

Title _____ College or university _____

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

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

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

Background Information

Class rank: _____ Class size: _____ Covering a period from _____ to _____.
(mm/yyyy) (mm/yyyy)

The rank is weighted unweighted. How many students share this rank? _____

We do not rank. Instead, please indicate quartile _____ quintile _____ decile _____

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

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

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

School Seal

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____


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

No basis	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
Academic achievement							
Extracurricular accomplishments							
Personal qualities and character							
OVERALL							

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

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

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

Signature  _____ Date _____
mm/dd/yyyy

Title _____ College official's e-mail _____

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

① Is this applicant in good academic standing? Yes No

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

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

① Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution? Yes No

② To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime? Yes No

If you answered yes to either or both questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.

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

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

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

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

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






IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf after matriculating, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (*see list at www.commonapp.org/FERPA*).
2. You waive your right to access below, regardless of the institution to which it is sent:
 - Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
 - No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Signature  _____ Date _____

TO THE INSTRUCTOR

The Common Application membership finds 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 _____	