



## 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

**Parent 2:**  Mother  Father  Unknown

Is Parent 1 living?  Yes  No (Date deceased \_\_\_\_\_)  
mm/yyyy

Is Parent 2 living?  Yes  No (Date deceased \_\_\_\_\_)  
mm/yyyy

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle                      Title (Mr./Ms./Dr., etc.)

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle                      Title (Mr./Ms./Dr., etc.)

Country of birth \_\_\_\_\_

Country of birth \_\_\_\_\_

Home address **if different** from yours  
\_\_\_\_\_  
\_\_\_\_\_

Home address **if different** from yours  
\_\_\_\_\_  
\_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Home phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Name of employer \_\_\_\_\_

Name of employer \_\_\_\_\_

College (if any) \_\_\_\_\_

College (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate school (if any) \_\_\_\_\_

Graduate school (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

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 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 9<sup>th</sup> grade.

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

Have you received college counseling or assistance with your application process from an organization other than your high school? \_\_\_\_\_

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 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 SAT, ACT, TOEFL, and/or IELTS scores from the appropriate testing agencies should be sent as soon as possible.

## ACT Tests

| Date taken/<br>to be taken | English | Math | Reading | Science | Composite | Writing | Date taken/<br>to be taken | English | Math | Reading | Science | Composite | Writing |
|----------------------------|---------|------|---------|---------|-----------|---------|----------------------------|---------|------|---------|---------|-----------|---------|
|                            |         |      |         |         |           |         |                            |         |      |         |         |           |         |

## SAT Reasoning Tests

| Date taken/<br>to be taken | Critical Reading | Math | Writing | Date taken/<br>to be taken | Critical Reading | Math | Writing | Date taken/<br>to be taken | Critical Reading | Math | Writing |
|----------------------------|------------------|------|---------|----------------------------|------------------|------|---------|----------------------------|------------------|------|---------|
|                            |                  |      |         |                            |                  |      |         |                            |                  |      |         |

## SAT Subject Tests

| Date taken/<br>to be taken | Subject | Score | Date taken/<br>to be taken | Subject | Score | Date taken/<br>to be taken | Subject | Score |
|----------------------------|---------|-------|----------------------------|---------|-------|----------------------------|---------|-------|
|                            |         |       |                            |         |       |                            |         |       |
|                            |         |       |                            |         |       |                            |         |       |

## AP/IB Tests

|  |                            |         |       |  |                            |         |       |  |                            |         |       |
|--|----------------------------|---------|-------|--|----------------------------|---------|-------|--|----------------------------|---------|-------|
| <input type="radio"/> AP<br><input type="radio"/> IB | Date taken/<br>to be taken | Subject | Score | <input type="radio"/> AP<br><input type="radio"/> IB | Date taken/<br>to be taken | Subject | Score | <input type="radio"/> AP<br><input type="radio"/> IB | Date taken/<br>to be taken | Subject | Score |
| <input type="radio"/> AP<br><input type="radio"/> IB | Date taken/<br>to be taken | Subject | Score | <input type="radio"/> AP<br><input type="radio"/> IB | Date taken/<br>to be taken | Subject | Score | <input type="radio"/> AP<br><input type="radio"/> IB | Date taken/<br>to be taken | Subject | Score |
| <input type="radio"/> AP<br><input type="radio"/> IB | Date taken/<br>to be taken | Subject | Score | <input type="radio"/> AP<br><input type="radio"/> IB | Date taken/<br>to be taken | Subject | Score | <input type="radio"/> AP<br><input type="radio"/> IB | Date taken/<br>to be taken | Subject | Score |

## TOEFL/IELTS/MELAB

| Date taken/<br>to be taken | Test | Score | Date taken/<br>to be taken | Test | Score | Date taken/<br>to be taken | Test | Score |
|----------------------------|------|-------|----------------------------|------|-------|----------------------------|------|-------|
|                            |      |       |                            |      |       |                            |      |       |

**Honors** Briefly list any academic distinctions or honors you have received since the 9<sup>th</sup> 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/<br>Regional    | National              | Inter-<br>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).

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**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 any educational institution you have attended from 9<sup>th</sup> 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.

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## SIGNATURE & PAYMENT

**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 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) will result in the withdrawal of my admission offers from all institutions.

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.*

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**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/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

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](http://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<br>(above average) | Very good<br>(well above<br>average) | Excellent<br>(top 10%) | Outstanding<br>(top 5%) | One of the top few<br>I've encountered<br>(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  
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](http://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<br>(above average) | Very good<br>(well above<br>average) | Excellent<br>(top 10%) | Outstanding<br>(top 5%) | One of the top few<br>I've encountered<br>(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  
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

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

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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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 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

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 9<sup>th</sup> 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/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

|       |       |       |
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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

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 9<sup>th</sup> 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/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

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 |
|--------------------------|---------------------------|-----------------|
| _____                    | _____                     | _____           |
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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 \_\_\_\_\_

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| Academic achievement             |          |               |         |                      |                                |                     |                      |  |
| Extracurricular accomplishments  |          |               |         |                      |                                |                     |                      |  |
| Personal qualities and character |          |               |         |                      |                                |                     |                      |  |
| OVERALL                          |          |               |         |                      |                                |                     |                      |  |

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