2012-13 TRANSFER APPLICATION
For Spring 2013 or Fall 2013 Enrollment

APPLICANT

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

Preferred name, if not first name (only one) ______________________________________________________

Birth Date mm/dd/yyyy
Female Male

Preferred Telephone
Home Cell Home ( )
Cell ( )

E-mail Address

Permanent home address
Number & Street

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

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

Current mailing address
Number & Street

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


FUTURE PLANS

Your answers to these questions will vary for different colleges. If the online system did not ask you to answer some of the questions you see in this section, this college chose not to ask that question of its applicants.

College __________________________

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

Academic Interests ________________________________________________________________

Career Interest ________________________________________________________________

Deadline mm/dd/yyyy

Do you intend to apply for need-based financial aid? Yes No

Do you intend to apply for merit-based scholarships? Yes No

Do you intend to be a full-time student? Yes No

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

Do you intend to live in college housing? Yes No

What is the highest degree you intend to earn? _________________

DEMOGRAPHICS

Citizenship Status __________________________
Non-US Citizenship __________________________

Birthplace
City/Town State/Province Country

Years lived in the US? ________ Years lived outside the US? ________

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

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

Religious Preference

US Armed Services veteran status

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FAMILY

Please list both parents below, even if one or more is deceased or no longer has legal responsibilities toward you. Many colleges collect this information for demographic purposes even if you are an adult or an emancipated minor. If you are a minor with a legal guardian (an individual or government entity), then please list that information below as well. If you wish, you may list step-parents and/or other adults with whom you reside, or who otherwise care for you, in the Additional Information section.

Household

Parents' marital status (relative to each other):  ○ Never Married  ○ Married  ○ Civil Union/Domestic Partners  ○ Widowed  ○ Separated  ○ Divorced (date _________)

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

If you have children, how many? _________

Parent 1

○ Mother  ○ Father  ○ Unknown

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

Last/Family/Sur  First/Given  Middle

Former last name(s)

Country of birth

Home address if different from yours

Preferred Telephone:  ○ Home  ○ Cell  ○ Work (_____)

E-mail

Occasion

Employer

College (if any)  CEEB

Degree  Year

Graduate School (if any)  CEEB

Degree  Year

Legal Guardian  (if other than a parent)

Relationship to you __________________________________________________________

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

Country of birth

Home address if different from yours

Preferred Telephone:  ○ Home  ○ Cell  ○ Work (_____)

E-mail

Occasion

Employer

College (if any)  CEEB

Degree  Year

Graduate School (if any)  CEEB

Degree  Year

Parent 2

○ Mother  ○ Father  ○ Unknown

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

Last/Family/Sur  First/Given  Middle

Former last name(s)

Country of birth

Home address if different from yours

Preferred Telephone:  ○ Home  ○ Cell  ○ Work (_____)

E-mail

Occasion

Employer

College (if any)  CEEB

Degree  Year

Graduate School (if any)  CEEB

Degree  Year

Siblings

Please give names and ages of your brothers or sisters. If they are enrolled in grades K-12 (or international equivalent), list their grade levels. If they have attended or are currently attending college, give the names of the undergraduate institution, degree earned, and approximate dates of attendance. If more than three siblings, please list them in the Additional Information section.

Name  Age & Grade  Relationship

College Attended  CEEB

Degree earned  Dates or expected mm/yyyy – mm/yyyy

Name  Age & Grade  Relationship

College Attended  CEEB

Degree earned  Dates or expected mm/yyyy – mm/yyyy

Name  Age & Grade  Relationship

College Attended  CEEB

Degree earned  Dates or expected mm/yyyy – mm/yyyy
EDUCATION

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

Current or most recent college or university attended

Entry Date mm/yyyy  Exit Date mm/yyyy  School Type  ○ Public  ○ Independent  ○ This is a  ○ 2-year  ○ 4-year institution

Address

Number & Street

City/Town  State/Province  Country  ZIP/Postal Code

Advisor’s name (Mr./Mrs./Ms./Dr.)

E-mail

Telephone ( )

Fax ( )

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

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

Secondary Schools

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

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

Secondary School Graduate Date mm/dd/yyyy

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

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

ACADEMICS

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

Secondary School Grades

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

ACT

Exam Dates: (past & future)

Best Scores: (so far)

SAT

Exam Dates: (past & future)

Best Scores: (so far)

TOEFL/IELTS

Exam Dates: (past & future)

Best Score: (so far)

AP/IB/SAT Subjects

Best Scores: (per subject, so far)

Current Courses

Please indicate title, level (100-level, 200-level, etc.) and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line. If you are not currently enrolled in college, please list the courses you took most recently.

Full Year/First Semester/First Trimester

Second Semester/Second Trimester

Third Trimester or additional first/second term courses if more space is needed
### 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).

<table>
<thead>
<tr>
<th>Grade level</th>
<th>Honor</th>
<th>Highest Level of Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>S (School)</td>
<td>S/R (State or Regional)</td>
<td>N (National)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>S (School)</td>
<td>S/R (State or Regional)</td>
<td>N (National)</td>
</tr>
</tbody>
</table>

#### EXTRACURRICULAR ACTIVITIES & WORK EXPERIENCE

**Extracurricular**

Please list your principal extracurricular, volunteer, and work activities in their order of importance to you. Feel free to group your activities and paid work experience separately if you prefer. Use the space available to provide details of your activities and accomplishments (specific events, varsity letter, musical instrument, employer, etc.). To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé.

<table>
<thead>
<tr>
<th>Grade level</th>
<th>Approximate time spent</th>
<th>When did you participate in the activity?</th>
<th>Positions held, honors won, letters earned, or employer</th>
<th>If applicable, do you plan to participate in college?</th>
</tr>
</thead>
<tbody>
<tr>
<td>S (School)</td>
<td>11 12 FY S0 JR</td>
<td>Hours per week</td>
<td>Weeks per year</td>
<td>School year</td>
</tr>
<tr>
<td>S (School)</td>
<td>11 12 FY S0 JR</td>
<td>Hours per week</td>
<td>Weeks per year</td>
<td>School year</td>
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<tr>
<td>S (School)</td>
<td>11 12 FY S0 JR</td>
<td>Hours per week</td>
<td>Weeks per year</td>
<td>School year</td>
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<td>S (School)</td>
<td>11 12 FY S0 JR</td>
<td>Hours per week</td>
<td>Weeks per year</td>
<td>School year</td>
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<tr>
<td>S (School)</td>
<td>11 12 FY S0 JR</td>
<td>Hours per week</td>
<td>Weeks per year</td>
<td>School year</td>
</tr>
<tr>
<td>S (School)</td>
<td>11 12 FY S0 JR</td>
<td>Hours per week</td>
<td>Weeks per year</td>
<td>School year</td>
</tr>
</tbody>
</table>

Activity

Activity

Activity

Activity

Activity

Activity

Activity

Activity

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

____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

**Writing**

*Personal Essay*  This personal essay helps us become acquainted with you as a person and student, apart from courses, grades, test scores, and other objective data. It will also demonstrate your ability to organize your thoughts and express yourself.

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

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

**Disciplinary History**

1. Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution.  ○ Yes  ○ No

2. Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime?  ○ Yes  ○ No  
   [Note that you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]

If you answered “yes” to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

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

**Signature**

**Application Fee Payment**  If this college requires an application fee, how will you be paying it?

- Online Payment  ○ Will Mail Payment  ○ Online Fee Waiver Request  ○ Will Mail Fee Waiver Request

**Required Signature**

- I certify that all information submitted in the admission process—including the application, the personal essay, any supplements, and any other supporting materials—is my own work, factually true, and honestly presented, and that these documents will become the property of the institutions to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have certified be false.

- I acknowledge that I have reviewed the application instructions for each college receiving this application. I understand that all offers of admission are conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based, as well as honorable dismissal from the school.

- I affirm that I will send an enrollment deposit (or equivalent) to only one institution; sending multiple deposits (or equivalent) may result in the withdrawal of my admission offers from all institutions. [Note: students may send an enrollment deposit (or equivalent) to a second institution where they have been admitted from the waitlist, provided that they inform the first institution that they will no longer be enrolling.]

Signature  ___________________________  Date  ___________________________

mm/dd/yyyy

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

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TO THE APPLICANT

After completing all the relevant questions below, give this form to an instructor who has taught you a full-credit college class. If applying via mail, please also give that instructor stamped envelopes addressed to each institution that requires a College Instructor Evaluation.

Legal Name _________________________________________________________________________________________________________________ __
Last/Family/Sur (Enter name exactly as it appears on official documents.)  First/Given  Middle (complete)  Jr., etc.

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

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

College or university you now attend ______________________________________________ CEEB/ACT Code ______________________________________

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

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

Required Signature _________________________________________________________________________________________________  Date _____________________ mm/dd/yyyy

TO THE INSTRUCTOR

The Common Application membership finds candid evaluations helpful in choosing from among highly qualified candidates. You are encouraged to keep this form in your private files for use should the student need additional recommendations. Please submit your references promptly, and remember to sign below before mailing directly to the college/university admission office. **Do not mail this form to The Common Application offices.**

Instructor’s Name (Mr./Mrs./Ms./Dr.) __________________________________________ Subject Taught __________________ _____________

Signature _________________________________________________________________________________________________  Date _____________________ mm/dd/yyyy

College or University ________________________________________________________________________________________________________ _____

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

Instructor’s Telephone (_______) ________________________________________________ Instructor’s E-mail __________________________________ __
Area/Country/City Code                              Number                                         Ext.

Background Information

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

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

List the courses you have taught this student, noting for each the student’s year in school (first-year, sophomore, etc.) and the level of course difficulty (100-level, 200-level, etc.).
Ratings  Compared to other students to whom you have taught this class, how do you rate this student in terms of:

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

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.)
<table>
<thead>
<tr>
<th>Subject</th>
<th>Course Title &amp; Level (AP/College)</th>
<th>Date (To/From)</th>
<th>Grade</th>
<th>Primary Text Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
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<tr>
<td>Math</td>
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<td>Science</td>
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<td>Social Studies</td>
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<td>Foreign Language</td>
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<td>Arts</td>
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<tr>
<td>Other</td>
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</table>

Supervisor’s Name (Mr./Mrs./Ms./Dr.) ____________________________________________________________

Signature ____________________________ Date mm/dd/yyyy

Supervisor’s Address ____________________________ State/Province Country ZIP/Postal Code

Supervisor’s Phone (_______) ____________________________ Supervisor’s Fax (_______) _________________

Area Code Number Ext. Area Code Number

Supervisor’s E-mail __________________________________________

Are you a member of a homeschooler’s association?  ○ Yes  ○ No  If yes, name of association ____________________________
TO THE APPLICANT

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

**Legal Name**

Last/Family/Sur  (Enter name exactly as it appears on official documents.)  First/Given  Middle (complete)  Jr., etc.

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

**Address**

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

College/university you now attend  **CEEB/ACT Code**

**Current year courses**—please indicate title, level, and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.

<table>
<thead>
<tr>
<th>First Semester/Quarter</th>
<th>Grade</th>
<th>Second Semester/Quarter</th>
<th>Grade</th>
<th>Third Quarter</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

How many college credits have you earned prior to this academic year?  ________  How many college credits will you earn this academic year?  ________

**IMPORTANT PRIVACY NOTE:** By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by The Common Application member institution(s) to which I am applying.

I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless at least one of the following is true:

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

**Required Signature**

_______________________________________________________________________________________  Date _________________

TO THE COLLEGE OFFICIAL

If you have access to the applicant’s academic record and disciplinary record, please complete this form in its entirety. Attach the applicant’s official transcript (check copies for readability). Use both pages to complete your evaluation for this student, and be sure to sign below. If you have access to the applicant’s academic record only, please complete the relevant portion of this form, then forward to the appropriate official for completion of the disciplinary questions, asking that official to mail the form to the applicant’s colleges after doing so. **Do not mail this form to The Common Application offices.**

**College Official’s Name** (Mr./Mrs./Ms./Dr.)

Signature  

**Title**

**College or University Address**

City/Town  State/Province  Country  ZIP/Postal Code

**College Official’s Telephone**

Area/Country/City Code  Number  Ext.

**College Official’s Fax**

Area/Country/City Code  Number  Ext.

**College or University CEEB/ACT Code**  **College Official’s E-mail**

mm/dd/yyyy

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Background Information

Cumulative GPA: _____ on a ______ scale, covering a period from ________ to ________. This GPA is ______ weighted ______ unweighted. The school’s passing mark is _________.

Highest GPA in class _______________ Graduation date _________________.

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

If you know this student, what are the first words that come to your mind to describe this student? _________________________________________________

Ratings

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

<table>
<thead>
<tr>
<th>No basis</th>
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<th>Average</th>
<th>Good (above average)</th>
<th>Very good (well above average)</th>
<th>Excellent (top 10%)</th>
<th>Outstanding (top 5%)</th>
<th>One of the top few I’ve encountered (top 1%)</th>
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<td>Academic achievement</td>
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<td>Extracurricular accomplishments</td>
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<td>Personal qualities and character</td>
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<td>OVERALL</td>
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</tbody>
</table>

Evaluation

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

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

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

College Official’s Name (Mr./Mrs./Ms./Dr. )________________________________________________________________________

Signature __________________________ Date __________________ mm/dd/yyyy

Title ______________________________ College Official’s E-mail __________________________________________

College Official’s Telephone (_______) __________________________ College Official’s Fax (_______) __________________________

Area/Country/City Code Number Ext. Area/Country/City Code Number Ext.

1. Is this applicant in good academic standing? ○ Yes ○ No
2. Is this applicant eligible to return to your school? ○ Yes ○ No

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

1. Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant’s probation, suspension, removal, dismissal, or expulsion from your institution? ○ Yes ○ No
2. To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime? ○ Yes ○ No

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

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

I recommend this student: ○ No basis ○ With reservation ○ Fairly strongly ○ Strongly ○ Enthusiastically
TO THE APPLICANT

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

Legal Name

Last/Family/Surname (Enter name exactly as it appears on official documents.)
First/Given
Middle (complete)
Jr., etc.

Birth Date mm/dd/yyyy

CAID (Common App ID)

Address

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

School you now attend

CEEB/ACT Code

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

- Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
- No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

TO THE SCHOOL COUNSELOR

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

Counselor’s Name (Mr./Mrs./Ms./Dr.)

Signature Please print or type

Date mm/dd/yyyy

Title

School

School Address

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

School Website Address

Counselor’s Telephone ______ (_______) ______ Counselor’s Fax ______ (_______) ______

Area/Country/City Code
Number Ext.
Area/Country/City Code
Number

School CEEB/ACT Code

Counselor’s E-mail

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

Class Rank _______ Class Size _______ Covering a period from _______ to _______.

Cumulative GPA: ______ on a ______ scale, covering a period from _______ to _______.

The rank is ______ weighted ______ unweighted.

How many additional students share this rank? _______

This GPA is ______ weighted ______ unweighted. The school’s passing mark is ______

Highest GPA in class __________ Graduation Date ______ (mm/dd/yyyy)

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

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

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

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

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

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