

**To be used by students applying for the Spring 2008, Fall 2008, or Spring 2009 college term.** The member colleges and universities fully support the use of this form. No distinction will be made between this form and a college's own. Please type or print in black ink.

## PERSONAL DATA

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

Preferred name, if not first name (choose only one) \_\_\_\_\_ Former last name(s) if any \_\_\_\_\_

I am applying for the term beginning \_\_\_\_\_ Birth date \_\_\_\_\_  
mm/dd/yyyy

E-mail address \_\_\_\_\_ IM address \_\_\_\_\_

Permanent home address \_\_\_\_\_  
Number and Street      Apartment #

\_\_\_\_\_ City or Town      State/Province      Country      ZIP/Postal Code

Permanent home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code      Area Code

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

Mailing address (from \_\_\_\_\_ to \_\_\_\_\_)  
(mm/dd/yyyy)      (mm/dd/yyyy)      Number and Street      Apartment #

\_\_\_\_\_ City or Town      State/Province      Country      ZIP/Postal Code

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

Phone at mailing address ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code

### Citizenship

- US citizen
  - Dual US citizen
  - US permanent resident visa      Alien registration number \_\_\_\_\_
  - Other citizenship      Visa Type \_\_\_\_\_
- Please list any non-US countries of citizenship \_\_\_\_\_

If you are not a US citizen and live in the United States, how long have you been in the country? \_\_\_\_\_

Possible area(s) of academic concentration/major(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possible career or professional plans \_\_\_\_\_

Do you intend to apply for financial aid?  Yes  No If yes, be sure to carefully review all financial aid instructions and deadlines for each institution to which you are applying.

**The following items are optional. No information you provide will be used in a discriminatory manner.**

Place of birth \_\_\_\_\_  
City      State/Province      Country

Social Security Number (if any) \_\_\_\_\_

First language, if other than English \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

US Armed Services veteran?  Yes  No

Marital status:  Never married       Separated  
 Married       Divorced (date \_\_\_\_\_)  
 Widowed      mm/dd/yyyy

*If you wish to be identified with a particular ethnic group, please check all that apply:*

- African American, African, Black
- Native American, Alaska Native (date enrolled \_\_\_\_\_  
Tribal affiliation \_\_\_\_\_)
- Asian American (countries of family's origin \_\_\_\_\_)
- Asian, incl. Indian Subcontinent (countries \_\_\_\_\_)
- Hispanic, Latino (countries \_\_\_\_\_)
- Mexican American, Chicano
- Puerto Rican
- Other (specify \_\_\_\_\_)
- Native Hawaiian, Pacific Islander
- White or Caucasian

## EDUCATIONAL DATA

College or University you now attend (or from which you graduated) \_\_\_\_\_ Date of entry \_\_\_\_\_  
mm/dd/yyyy

Type of school  public  independent  religious

Address \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_  
Number and Street Apartment #

\_\_\_\_\_ City or Town State/Province Country ZIP/Postal Code

Advisor's name (Mr./Ms./Dr., etc.) \_\_\_\_\_ Advisor's e-mail \_\_\_\_\_

Title \_\_\_\_\_ 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.**

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

High school from which you graduated \_\_\_\_\_  
Name of School Location (City, State/Province, ZIP/Postal Code, Country) Dates Attended (mm/yyyy)

**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	Location (City, State/Province, ZIP/Postal Code, Country)	Dates Attended (mm/yyyy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any of the following apply to your secondary school education, please check the appropriate box and provide details on a separate sheet:

graduated early  graduated late  did not graduate, did receive GED  did not graduate, did not receive GED

Secondary school graduation date: \_\_\_\_\_ GED diploma award date: \_\_\_\_\_ (Testing agency must send official scores.)  
mm/yyyy mm/yyyy

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.

## TEST INFORMATION

If you are applying to an institution that requires standardized tests, please be sure to include your test results below and have official scores sent from the appropriate testing agency. *If you would **also** like to self-report your AP or IB scores, you may list them in the Academic Honors section.*

### ACT

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

### SAT I or SAT Reasoning Tests

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

### SAT II or 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
_____	_____	_____	_____	_____	_____	_____	_____	_____

### Test of English as a Foreign Language (TOEFL) or Other Exam

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

## FAMILY

Please list the adults who have legal rights and responsibilities toward you. If a minor, this is usually one or both biological parents when living. If you wish, you may list on an attached sheet step-parents and/or other adults with whom you reside, or who otherwise help care for you. You may also list additional deceased parents.

**Parents' Marital Status (relative to each other):**  Never married  Married  Widowed  Separated  Divorced (date \_\_\_\_\_) mm/dd/yyyy

**With whom do you make your permanent home?**  Parent/Guardian 1  Parent/Guardian 2  Both  Other \_\_\_\_\_

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

Parent/Guardian 1:  Mother  Father  Legal Guardian

Parent/Guardian 2:  Mother  Father  Legal Guardian  Unknown  
(if applicable)

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

Home address if different from yours

\_\_\_\_\_

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

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

Occupation \_\_\_\_\_

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

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

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

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

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

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

Home address if different from yours

\_\_\_\_\_

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

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

Occupation \_\_\_\_\_

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

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

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

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

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

**Please give names and ages of your brothers or sisters. If they have attended college, give the names of the institution, degree earned, and approximate dates of attendance. If more than three siblings, please list them on an attached sheet.**

Name/Relationship	Institution Attended	Degree Earned	Dates (yyyy-yyyy)

## ACADEMIC HONORS

Briefly list or describe any scholastic distinctions or honors you have won in your college/university career, as well as any you may have received in secondary school.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EXTRACURRICULAR, PERSONAL, AND VOLUNTEER ACTIVITIES (INCLUDING SUMMER)

Please list your **principal** extracurricular, community, 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.**

Activity	Grade level					Approximate time spent		Positions held, honors won, or letters earned	Plan to continue?
	11	12	FY	SO	JR	Hours per week	Weeks per year		
									<input type="radio"/>
									<input type="radio"/>
									<input type="radio"/>
									<input type="radio"/>
									<input type="radio"/>
									<input type="radio"/>
									<input type="radio"/>

## WORK EXPERIENCE

Please list principal jobs you have held during the past three years (including summer employment).

Specific nature of work	Employer	Approximate dates (mm/yyyy - mm/yyyy)	Approximate # of hours spent per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## SHORT ANSWER

Please briefly elaborate (150 words or fewer) on one of your activities (extracurricular, personal activities, or work experience).

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## PERSONAL ESSAY

This personal statement helps us become acquainted with you in ways different from courses, grades, test scores, and other objective data. It will demonstrate your ability to organize your thoughts and express yourself. We are looking for an essay that will help us know you better as a person and as a student. 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 current institution on each sheet.

Please provide a statement (250 words minimum) that addresses your reasons for transferring and the objectives you hope to achieve.

## OTHER REQUIRED INFORMATION

- ① Have you ever been found responsible for a disciplinary violation at an 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 and explains the circumstances.

**APPLICATION FEE PAYMENT**  Online Payment  Mailed Payment  Pre-Approved Online Fee Waiver  Pre-Approved Mailed Fee Waiver

**ADDITIONAL INFORMATION:** If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc., please attach a separate sheet with more details.

**REQUIRED SIGNATURE** Your signature is required whether you are an ED, EA, REA, Regular Decision, or Rolling Admission candidate.

*I certify that all information submitted in the admission process—including the application, the Personal Essay, any supplements, and any supporting materials—is my own work, factually true, and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or expulsion, should the information I've certified be false.*



Signature

Date

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 an instructor who has taught you a full-credit college class. Please also give that instructor stamped envelopes addressed to each institution that requires an Instructor Evaluation.

Birth date \_\_\_\_\_ mm/dd/yyyy Social Security No. \_\_\_\_\_ (Optional)

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


Address \_\_\_\_\_ Number and Street \_\_\_\_\_ Apartment # \_\_\_\_\_ City or 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) you WILL have access to your recommendation after you matriculate 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 recommendation.  
 No, I *do not* waive my right to access and may someday choose to review this recommendation if the institution at which I'm enrolling saves it 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 INSTRUCTOR

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.**

Instructor's name (Mr./Ms./Dr., etc.) \_\_\_\_\_ Please print or type Title \_\_\_\_\_

 \_\_\_\_\_  
Signature Date

College or university \_\_\_\_\_

School address \_\_\_\_\_ Number and Street \_\_\_\_\_ City or Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal Code

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

Please detach along perforation

## BACKGROUND INFORMATION

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

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

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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.).

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## 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 encountered in my career
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.)

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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. Please also give that instructor stamped envelopes addressed to each institution that requires an Instructor Evaluation.

Birth date \_\_\_\_\_ Social Security No. \_\_\_\_\_  
mm/dd/yyyy (Optional)


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

Address \_\_\_\_\_  
Number and Street Apartment # City or Town State/Province Country ZIP/Postal Code


College or university you now attend \_\_\_\_\_ CEEB/ACT code \_\_\_\_\_

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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 recommendation.
  - No, I *do not* waive my right to access and may someday choose to review this recommendation if the institution at which I'm enrolling saves it 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 INSTRUCTOR

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.**

Instructor's name (Mr./Ms./Dr., etc.) \_\_\_\_\_ Title \_\_\_\_\_  
Please print or type

 \_\_\_\_\_  
Signature Date

College or university \_\_\_\_\_

School address \_\_\_\_\_  
Number and Street City or Town State/Province Country ZIP/Postal Code

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

Please detach along perforation

## BACKGROUND INFORMATION

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

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

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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.).

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## 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%)
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.)

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## TO THE APPLICANT

After completing all the relevant questions below, give this form to a college official at your institution. **This form must be completed by a dean or other college official who has access to your disciplinary record and to your academic record.** Please also give that school official sealed official transcripts and stamped envelopes addressed to each institution that requires a College Official's Report.

Birth date \_\_\_\_\_ mm/dd/yyyy Social Security No. \_\_\_\_\_ (Optional)  Female  Male

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

Address \_\_\_\_\_ Number and Street Apartment # City or Town State/Province Country ZIP/Postal Code

School you now attend \_\_\_\_\_ CEEB code \_\_\_\_\_

**Current year courses—please indicate title, level, and credit value of all courses you are taking this year. Include summer courses as appropriate.**

First Semester/Quarter	Grade	Second Semester/Quarter	Grade	Third Quarter	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How many AP or IB exams did you take in secondary school? \_\_\_\_\_

How many college credits have you earned prior to this academic year? \_\_\_\_\_


How many college credits will you earn this academic year? \_\_\_\_\_

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- The institution does not save recommendations post-matriculation (*see list at [www.commonapp.org/FERPA](http://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 recommendation.

No, I *do not* waive my right to access and may someday choose to review this recommendation if the institution at which I'm enrolling saves it 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

Do you have access to the applicant's academic record and disciplinary record? If not, then you are not eligible to complete this form; please return it to the applicant. Attach applicant's official transcript. Use page 2 to complete your evaluation for this student, and be sure to sign below.

College Official's name (Mr./Ms./Dr., etc.) \_\_\_\_\_ Please print or type

 \_\_\_\_\_ Signature \_\_\_\_\_ Date

Title \_\_\_\_\_ College or University \_\_\_\_\_

College or University address \_\_\_\_\_ City or Town State/Province Country ZIP/Postal Code

College Official's phone (\_\_\_\_\_) \_\_\_\_\_ Area Code Number Ext. College Official's fax (\_\_\_\_\_) \_\_\_\_\_ Area Code Number

College or University CEEB/ACT code \_\_\_\_\_ College Official's e-mail \_\_\_\_\_

Please detach along perforation

Please use this page to provide all available information for this candidate. *Don't forget your signature is required on page 1.*

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

**School Seal**

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 grade/GPA in class \_\_\_\_\_

## 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 encountered in my career
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.)

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? \_\_\_\_\_

Why is this student seeking admission to another college? \_\_\_\_\_

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 over the phone with each admission office.

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