

**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. Be sure to follow the instructions on the cover page of the Common Application booklet to complete, copy, and submit your application to one or more of the member institutions.

**Optional Declaration of Early Decision/Early Action/Restrictive Early Action.** Complete this section **ONLY** if you are applying to one or more colleges under an early plan. It is your responsibility to follow that college's instructions regarding early admission, including obtaining and submitting any ED/EA/REA form provided by that college. **Do NOT complete this ED/EA/REA section on copies of your application submitted to colleges for Regular Decision or Rolling Admission.**

\_\_\_\_\_  Early Decision  Early Action  Restrictive Early Action  
College Name \_\_\_\_\_ Deadline \_\_\_\_\_

## 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 boarding school, 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  Native Hawaiian, Pacific Islander
- Puerto Rican  White or Caucasian
- Other (specify \_\_\_\_\_)

## EDUCATIONAL DATA

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

Date of secondary graduation \_\_\_\_\_ Type of school  public  independent  religious  home school  
mm/dd/yyyy

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

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

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

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

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

List all colleges/universities at which you have taken courses for credit; list names of courses taken and grades earned on a separate sheet. Please have an official transcript sent from each institution as soon as possible.

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	_____	_____

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

- graduated early    graduated late    will not graduate, will receive GED    will not graduate, will not receive GED

If you received a GED, list date: \_\_\_\_\_ (Official scores must be sent from the testing agency.)  
mm/yyyy

## TEST INFORMATION

Be sure to note the tests required for each institution to which you are applying. The official scores from the appropriate testing agency must be submitted to each institution as soon as possible. Please self-report your test scores below. *If you would **also** like to self-report your AP or IB scores, use 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 since the 9<sup>th</sup> grade (e.g., National Merit, Cum Laude Society).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 or post-graduate (PG)					Approximate time spent		Positions held, honors won, or letters earned	Do you plan to participate in college?
	9	10	11	12	PG	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"/>
									<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 on one of your activities (extracurricular, personal activities, or work experience). Attach your response on a separate sheet (150 words or fewer).

## 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. 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.**

- 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.

## 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 \_\_\_\_\_

- IF APPLYING UNDER AN EARLY PLAN** (1) Complete the Optional ED/EA/REA Declaration (at the top of page 1) for your early application(s) only.
- (2) Submit the Common Application ED Agreement form if the college or university requires one.

*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.

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

School 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

Please detach along perforation

## 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.) \_\_\_\_\_ Title \_\_\_\_\_  
Please print or type

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

Secondary school \_\_\_\_\_

School address \_\_\_\_\_  
Number and Street City or 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?

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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 (10th, 11th, 12th; first-year, sophomore; etc.) and the level of course difficulty (AP, accelerated, honors, IB, elective; 100-level, 200-level, etc.).

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## 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								
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 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.

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

Legal name \_\_\_\_\_  Female  
 Male  
*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*

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

First Semester/Trimester	Second Semester/Trimester	Third Trimester

Please detach along perforation

**IMPORTANT PRIVACY NOTICE:** Under the terms of the Family Educational Rights and Privacy Act (FERPA) you WILL have access to your recommendation after you matriculate UNLESS at least one of the following is true:

- 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 \_\_\_\_\_

## 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 \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_

School address \_\_\_\_\_  
*City or 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 \_\_\_\_\_

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)

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 \_\_\_\_\_ Graduation date \_\_\_\_\_  
(mm/dd/yyyy)

Percentage of graduating class attending: \_\_\_\_\_ four-year \_\_\_\_\_ two-year institutions

Are classes taken on a block schedule?  
 Yes  No  
 If yes, in what year did block scheduling begin?  
 \_\_\_\_\_  
 If you offer AP courses, do you limit the number a student can take?  Yes  No  
 In comparison with other college preparatory students at your school, the applicant's course selection is:  
 most demanding  average  
 very demanding  less than demanding  demanding

## 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? \_\_\_\_\_

- 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 over the phone with each admission office.

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

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## 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.

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

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

First Semester/Trimester	Second Semester/Trimester	Third Trimester
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____


Please detach along perforation

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

## 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

Title \_\_\_\_\_ School \_\_\_\_\_

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

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

Secondary school CEEB/ACT code \_\_\_\_\_ Counselor's e-mail \_\_\_\_\_

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 grade/GPA in class \_\_\_\_\_ Graduation date \_\_\_\_\_  
(mm/dd/yyyy)

Percentage of graduating class attending: \_\_\_\_\_ four-year \_\_\_\_\_ two-year institutions

Are classes taken on a block schedule?

Yes  No

If yes, in what year did block scheduling begin? \_\_\_\_\_

If you offer AP courses, do you limit the number a student can take?  Yes  No

In comparison with other college preparatory students at your school, the applicant's course selection is:

most demanding  average  
 very demanding  less than demanding  demanding

## 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? \_\_\_\_\_

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 over the phone with each admission office.

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



If any of the information on this page has changed for this student since the Midyear Report was submitted, please enter the new information in the appropriate section below. If your recommendation for this student has changed, please comment in the space below or on a separate sheet. If nothing has changed, you may leave this page blank. *However, your signature is still required on page 1.*

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 grade/GPA in class \_\_\_\_\_ Graduation date \_\_\_\_\_  
(mm/dd/yyyy)

Percentage of graduating class attending: \_\_\_\_\_ four-year \_\_\_\_\_ two-year institutions

Are classes taken on a block schedule?  
 Yes  No

If yes, in what year did block scheduling begin?  
 \_\_\_\_\_

If you offer AP courses, do you limit the number a student can take?  Yes  No

In comparison with other college preparatory students at your school, the applicant's course selection is:

most demanding  average  
 very demanding  less than demanding  demanding

### 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? \_\_\_\_\_

- 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 over the phone with each admission office.

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

**To be used by students applying for the Spring 2008, Fall 2008, or Spring 2009 college term.** You may leave all school contact information (bottom of page 2) blank if you are stapling this International Supplement to the Secondary School Report before mailing. Please type or print in black ink. Check specific college information in our Requirements Grid or online to ensure a member institution uses this form. This form should only be completed by secondary schools using non-US educational systems. **International schools using an AP curriculum need not complete this form.**

## TO THE APPLICANT

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

Legal name \_\_\_\_\_  Female  Male  
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

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

**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

## TO THE SECONDARY SCHOOL COUNSELOR

Please provide all available information below for this student.

What is the primary language of instruction in your secondary school? \_\_\_\_\_

### Lower secondary and senior secondary examinations

Is promotion within your educational system based upon standard examinations\* given at the end of lower and/or senior secondary school by a state or national examinations board?  Yes  No

IF YES:	IF NO:
<p>Please enclose an official copy of this student's lower secondary examination results.</p> <p>If the student has already taken senior secondary leaving exams, please include an official copy of the results.</p> <p>If this applicant's senior secondary leaving exam results are not yet available, please indicate predicted results on the reverse.</p> <p>If you have already forwarded these results with the Secondary School Report, you do NOT need to attach another copy to this form.</p>	<p>Please enclose an official transcript of this student's academic record for the final three years of secondary school, including courses taken and marks/grades in those courses.</p> <p>If you have already forwarded a full transcript with the Secondary School Report, you do NOT need to attach another copy to this form.</p>

**\*For example:**

Abitur	CSEC/CAPE	IB diploma	S-C GCE O-Level/ A-Level	SPM/STPM/A-Level
AISSE/AISSCE	GCSE/A-Level	ICSE/ISC	School Certif./ Higher Certif.	WASSCE
Baccalauréat	HKCEE/HKALE	KCSE		etc.
Bagrut	HSC	Maturita		


**Senior secondary leaving examinations**

Date of exam (month/year)	Examining board	Academic subject	Predicted result	Actual result
<b>Overall result</b> (for example, Abitur durchschnittsnote, Australian UAI/ENTER/TER, French Bacc. mention, IB point total, KCSE aggregate, etc.)				

Please indicate the marking or grading scale used in your school and its approximate equivalence to the A-F scale commonly used in the United States:

- A (Excellent) \_\_\_\_\_
- B (Very Good) \_\_\_\_\_
- C (Average) \_\_\_\_\_
- D (Poor) \_\_\_\_\_
- F (Failing) \_\_\_\_\_

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

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

Title \_\_\_\_\_ School \_\_\_\_\_

School address \_\_\_\_\_  
*City or 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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## INSTRUCTIONS

You may leave all school contact information (bottom of page 2) blank if you are stapling this Home School Supplement to the Secondary School Report before mailing. Please type or print in black ink. Check specific college information in our Requirements Grid or online to ensure a member institution uses this form. This form should be used by home school supervisors only.

## TO BE COMPLETED BY THE STUDENT

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

Legal name \_\_\_\_\_  Female  
 Male  
*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*

## QUESTIONS TO BE COMPLETED BY THE HOME SCHOOL SUPERVISOR

### Philosophy

Please tell us why home schooling was chosen for this student, and explain your home schooling philosophy.

### Grading Scale

Please explain the grading scale or other methods of evaluation.

### Outside Evaluation

If the student has taken courses from a distance learning program, traditional secondary school, or institution of higher education, please detail them here. In addition, if the student has taken any standardized testing other than those listed on page 2 of the Common Application, please also describe below.

## TRANSCRIPT TO BE COMPLETED BY THE HOME SCHOOL SUPERVISOR

Subject	Course Title	Date (To/From)	Grade	Level (AP/College)
English	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Math	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Science	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Social Studies	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Foreign Language	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Arts	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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

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

Supervisor's address \_\_\_\_\_  
*City or Town* *State/Province* *Country* *ZIP/Postal Code*

Supervisor's phone (\_\_\_\_\_) \_\_\_\_\_ Supervisor's fax (\_\_\_\_\_) \_\_\_\_\_  
*Area Code* *Number* *Ext.* *Area Code* *Number*

Supervisor's e-mail \_\_\_\_\_

**To be used by students applying for the Spring 2008, Fall 2008, or Spring 2009 college term.** Please type or print in black ink. Check specific college information in our Requirements Grid or online to ensure a member institution uses this form.

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

College Name \_\_\_\_\_

Deadline \_\_\_\_\_

## PERSONAL DATA

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

Legal name \_\_\_\_\_  Female  
 Male  
*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*

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

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

## INSTRUCTIONS

Under the Early Decision Plan, it is a violation of the spirit and the letter of the agreement for an applicant to be an Early Decision candidate at two or more institutions at the same time. Students who apply under the Early Decision Plan may initiate applications to other institutions, provided that none of the other applications is made under an Early Decision or an applicable Restrictive Early Action Plan. The obligation explicit in the Early Decision Plan, as described here and as defined by the National Association for College Admission Counseling, is a commitment on the part of the candidate to withdraw any other applications and to initiate no new applications if accepted under an institution's Early Decision Plan. (This commitment is binding only if sufficient financial aid is offered.)

Yes, I wish to be considered as an Early Decision candidate. If I am accepted under the Early Decision Plan, I will matriculate in the fall. In addition, I understand that, if accepted under Early Decision, I must withdraw all my applications (if any) to other institutions and make no new ones. I further acknowledge that it is a violation of the agreement for an applicant to be an Early Decision candidate at two or more institutions at the same time. By checking this item and signing our names below, we acknowledge the terms of the Early Decision commitment.



Signature of Student \_\_\_\_\_

Date \_\_\_\_\_



Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_



Signature of Counselor \_\_\_\_\_

Date \_\_\_\_\_

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**PERSONAL DATA**

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

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

**ARTS MEDIUM**

Please indicate your area of interest and provide supplementary materials, as required.

**Music** Instrument \_\_\_\_\_ Voice (part) \_\_\_\_\_ Composition \_\_\_\_\_  
 World Music Tradition \_\_\_\_\_ Song Writing \_\_\_\_\_ Other \_\_\_\_\_

**Theater and Dance**

**Visual Arts and Film**

**INSTRUCTIONS**

If you've made a substantial commitment of time and energy to one or more of the arts and you wish to have that considered as part of your application, please:

- 1 Complete this form.
- 2 Have an instructor who is familiar with your work send us a letter of recommendation.
- 3 Enclose a 10-minute CD or DVD with this form that demonstrates contrasting examples of expression and technique.  
 List the contents of the CD or DVD here. Please do not submit videotapes.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Music**

4 Attach a résumé to this form that summarizes your experience with instrument(s), voice, and/or composition, giving years studied, name(s) of teacher(s) or group(s), repertoire, and awards/honors received.


**Theater and Dance**

4 Attach a résumé to this form that summarizes your experience, giving years studied, name(s) of teacher(s) or group(s), repertoire, special programs, and awards/honors received.

**Visual Arts and Film**

4 Attach a résumé to this form that summarizes your experience, giving dates, institutions or programs, and awards/honors received. Include a brief description of each course or workshop attended, and describe any related experiences.

*No materials will be reviewed until all components of your portfolio arrive. Please send copies only; many schools do not return supplementary materials.*

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

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## PERSONAL DATA

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

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

## INSTRUCTIONS

If you anticipate participating in varsity athletics, please complete the grid below. List any team sports played in order of their importance to you. Check year(s) of participation; indicate letters earned and leadership positions. Include the name of your coach(es).

Sport	9	10	11	12	Letters Earned		Event or position	Varsity captain? Check here.	Coach
					JV	Varsity			

Please list any times, records, awards, etc.

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Optional: Height \_\_\_\_\_ Weight \_\_\_\_\_

 \_\_\_\_\_ Date \_\_\_\_\_