

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.**

College Name _____ Deadline _____ Early Decision Early Action Restrictive Early Action

PERSONAL DATA

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

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 9th 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 9th 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 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? Yes No
- ② Have you ever been convicted of a misdemeanor, felony, or other crime? Yes No

If you answered yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident 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*).
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.) _____ Please print or type Title _____

 _____
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?

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

List the courses you have taught this student, noting for each the student's year in school (10th, 11th, 12th; first-year, sophomore; etc.) and the level of course difficulty (AP, accelerated, honors, IB, elective; 100-level, 200-level, etc.).

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
<input type="checkbox"/>	Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Intellectual promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Quality of writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Productive class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Respect accorded by faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reaction to setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiative, independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____ 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

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*).
- 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 (_____) _____ Area Code _____ Number _____ Ext. Counselor's fax (_____) _____ 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
<input type="checkbox"/>	Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Extracurricular accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Personal qualities and character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 9th 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 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:
 average
 most demanding less than demanding
 very 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
<input type="checkbox"/>	Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Extracurricular accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Personal qualities and character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 9th 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
<input type="checkbox"/>	Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Extracurricular accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Personal qualities and character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 9th 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).
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
Overall result (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 _____

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

Please list any times, records, awards, etc.

.....

Optional: Height _____ Weight _____

 _____
 Signature Date