

FIRST-YEAR APPLICATION

	APPLI	CANT				
Legal Name	ears on official documents)	First/Given	Middl	e (complete)	Jr., etc.	
				, , ,	,	
Preferred name, if not first name (only one)						
Birth Date	O Female O Male					
				ent Residents applying for	Tinanciai aid via FAFS.	
Preferred Telephone \bigcirc Home \bigcirc Cell Home ($_$) ıntry/City Code		_ Cell () Area/Country/Ci	ty Code		
E-mail Address		IM Address				
Permanent home address				Apartment #		
City/Town	County or Parish		State/Province	Country	ZIP/Postal Code	
If different from above, please give your current m	-	ssion corresponden		(from		
in different from above, picase give your current in	annig address for an admis	osion correspondent	00.	(mm/dd/yyyy)		
Current mailing address				Apartment #		
Nullibel & Street				Apartment #		
City/Town	County or Parish		State/Province	Country	ZIP/Postal Code	
If your current mailing address is a boarding school, inc	lude name of school here: _					
		E PLANS				
Your answers to these questions will vary for different co chose not to ask that question of its applicants.	lleges. If the online system d	id not ask you to ansi	wer some of the ques	stions you see in this sec	ction, this college	
College		Deadline				
				mm/dd/yyyy		
Entry Term: O Fall (Jul-Dec) O Spring (Jan-Ju	ın)	Do you intend to a	apply for need-based	financial aid?	\bigcirc Yes \bigcirc No	
Decision Plan		Do you intend to a	apply for merit-based	l scholarships?	\bigcirc Yes \bigcirc No	
Academic Interests		Do you intend to b	oe a full-time student	?	\bigcirc Yes \bigcirc No	
		Do you intend to e	enroll in a degree pro	gram your first year?	○ Yes ○ No	
		Do you intend to li	ive in college housing	g?		
Career Interest		What is the highest degree you intend to earn?				
	DEMOG	RAPHICS				
Citizenship Status		1. Are you Hispan	nic/Latino?			
Non-US Citizenship(s)		O Yes, Hispanic o	or Latino (including Spa	ain) O No If yes, please de	escribe your background.	
				or question, please indica	te how you identify	
Birthplace		-		scribe your background.)	- C II - A - 1 - 1	
Birthplace City/Town State/Province			•	uding all Original Peoples o	,	
Years lived in the US? Years lived outside	e tne US?	Are you Enrolled?	○ Yes ○ No If yes, pleas	se enter Tribal Enrollment Num	ber	
Language Proficiency (Check all that apply.) S(Speak) R(Read) W(Write) F(First Language) H(Spoken at Home)		Asian Carlot	a Indian subscribes 1	and Dhilingings		
olopoury rifitious) m(mitto) i (i not Language) ri(oputen at nume)	S R W F H	O Asian (including	g Indian subcontinent	and Philippines)		
		O District ACC	n Amerika Co. 1. P	Africa and Orath		
		Black or African	n American (including	Atrica and Caribbean)		
	_ 0 0 0 0 0	O Nedico Harri	on on Other Design	aday (Original Bassley)		
Optional The items with a gray background are option	onal. No information you	O Native Hawaiia	ın or Uther Pacific Islaı	nder (Original Peoples)		
provide will be used in a discriminatory manner.		○ White (including	a Middle Eastern			
Religious Preference		O White (including	y middle Eastern)			
US Armed Services veteran status						

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FAMILY

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

Parents' marital status (relative to each other): O Never Married O Married O Civil Union/Domestic Partners O Widowed O Separated O Divorced (date With whom do you make your permanent home? O Parent 1 O Parent 2 O Both O Legal Guardian O Ward of the Court/State If you have children, how many? Parent 1 Parent 2 O Mother ○ Father ○ Unknown ○ Mother ○ Father ○ Unknown Is Parent 1 living? ○ Yes ○ No (Date Deceased Is Parent 2 living? ○ Yes ○ No (Date Deceased _____ Last/Family/Sur First/Given Middle Last/Family/Sur First/Given Middle Former last name(s) Former last name(s)_____ Country of birth Country of birth Home address **if different** from yours Home address if different from yours Preferred Telephone: ○ Home ○ Cell ○ Work (_____ Preferred Telephone: ○ Home ○ Cell ○ Work (____ Area/Country/City Code College (if any) _____ CEEB_ Graduate School (if any) _____ CEEB__ Graduate School (if any) _____ CEEB___ Siblings **Legal Guardian** (if other than a parent) Relationship to you ____ Please give names and ages of your brothers or sisters. If they are enrolled in grades K-12 (or international equivalent), list their grade levels. If they have attended or are currently attending college, give the names of the undergraduate Last/Family/Sur First/Given Middle institution, degree earned, and approximate dates of attendance. If more than three siblings, please list them in the Additional Information section. Country of birth Home address **if different** from yours Name Age & Grade College Attended _____ CEEB ___ Preferred Telephone: ○ Home ○ Cell ○ Work (___ E-mail Occupation _____ College Attended _____ Degree earned ______ Dates ___ Employer ___ or expected College (if any) _____ CEEB____ Relationship Year College Attended ____ CEEB Graduate School (if any) _____ CEEB Degree earned ______ Dates ___ Year mm/yyyy – mm/yyyy or expected

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EDUCATION Secondary Schools Most recent secondary school attended **Graduation Date** School Type: O Public O Charter O Independent O Religious O Home School mm/dd/yyyy mm/yyyy CEEB/ACT Code Address Number & Street City/Town State/Province Country ZIP/Postal Code Counselor's Name Counselor's Title Telephone (_____ E-mail Area/Country/City Code Number Ext. Area/Country/City Code List all other secondary schools you have attended since 9th grade, including academic summer schools or enrichment programs hosted on a secondary school campus: School Name & CEEB/ACT Code Location (City, State/Province, ZIP/Postal Code, Country) Dates Attended (mm/yyyy) Please list any community program/organization that has provided free assistance with your application process: If your education was or will be interrupted, please indicate so here and provide details in the Additional Information section: Colleges & Universities List all college/university affiliated courses you have taken since 9th grade and mark all that apply: taught on college campus (CO); taught on high school campus, excluding AP/IB (HS); taught online (ON); college credit awarded (CR); transcript available (TR); degree candidate (DC).

ACADEMICS

CO HS ON CR TR DC

_000000

00000

______00000_____

Dates Attended mm/yyyy - mm/yyyy

Location (City, State/Province, ZIP/Postal Code, Country)

If you indicated that a transcript is available, please have an official copy sent to your colleges as soon as possible.

College/University Name & CEEB/ACT Code

The self-reported information in this section is not intended to take the place of your official records. Please note the requirements of each institution to which you are applying and arrange for official transcripts and score reports to be sent from your secondary school and the appropriate testing agencies. Where "Best Scores" are requested, please report the highest individual scores you have earned so far, even if those scores are from different test dates. Weighted? O Ves O No

Grades	(if available)		Class Size _		_ weignted?	O res O	NO	(if available)	Scale _		weighted?	yes O No
ACT	Exam Dates:					Best Scores						
	(past & future)	mm/yyyy	mm/yyyy	mm/yyyy		(so far)	COMP	mm/yyyy	English	mm/yyyy	Math	mm/yyyy
							Reading	mm/yyyy	Science	mm/yyyy	Writing	mm/yyyy
SAT	Exam Dates:					Best Scores						
	(past & future)	mm/dd/yyyy	mm/dd/	vyyy	mm/dd/yyyy	(so far)	Critical Reading	mm/dd/yyyy	Math	mm/dd/yyyy	Writing	mm/dd/yyyy
TOEFL/	Exam Dates:					Best Score:						
IELTS	(past & future)	mm/yyyy	mm/yyyy	mm/yyyy		(so far)	Test	Score	mm/yyyy			
AP/IB/SAT	Best Scores:											
Subjects	(per subject, so far)	mm/yyyy		Type 8	& Subject		Score	mm/yyyy		Type & Subject	•	Score
	-	mm/yyyy		Туре 8	& Subject		Score	mm/yyyy		Type & Subject	!	Score
	-	mm/yyyy		Туре 8	& Subject		Score	mm/yyyy		Type & Subject	:	Score
	-	mm/yyyy		Туре 8	& Subject		Score	mm/yyyy		Type & Subject	•	Score
Current C	ourses Pleas	se list all co	urses you are	taking this	s year and ind	licate level (A	P, IB, advar	nced, honors, e	tc.) and credit	value. Indica	te quarter clas	ses taken in

the same semester on the appropriate semester line. Full Year/First Semester/First Trimester	Second Semester/Second Trimester	Third Trimester or additional first/second term courses if more space is needed

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Honors Briefly list any academic distinctions or honors you have received since the 9th grade or international equivalent (e.g., National Merit, Cum Laude Society). S(School) S/R(State or Regional) N(National) I(International) Honor Grade level or **Highest Level of** post-graduate (PG) Recognition 9 10 11 12 PG S S/R N I 00000_____ 0000 00000_____ 0000 0000 _____0000 00000_____0000 00000 0000 EXTRACURRICULAR ACTIVITIES & WORK EXPERIENCE Extracurricular Please list your principal extracurricular, volunteer, and work activities in their order of importance to you. Feel free to group your activities and paid work experience separately if you prefer. Use the space available to provide details of your activities and accomplishments (specific events, varsity letter, musical instrument, employer, etc.). To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé. Grade level or **Approximate** When did you participate If applicable, post-graduate (PG) time spent in the activity? do you plan Positions held, honors won, letters earned, or employer Summer/ to participate Weeks School School 9 10 11 12 PG Hours in college? per week per year year Break 00000 Activity 00000 0 \circ Activity 00000 ____ 0 \bigcirc Activity 00000 ____ _ Activity 00000 ____ 0 \bigcirc Activity Activity 00000 ____ 0 Activity ___ 00000 ____ 0 Activity ___ 00000 ____ 0 00000 Activity

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WRITING	
Please briefly elaborate on one of your extracurricular activities or work experiences in the space below.	
Instructions. The essay demonstrates your ability to write clearly and concisely on a selected topic and helps you distinguish yourself in your own voi What do you want the readers of your application to know about you apart from courses, grades, and test scores? Choose the option that best helps you answer that question and write an essay of no more than 650 words, using the prompt to inspire and structure your response. Remember: 650 words your limit, not your goal. Use the full range if you need it, but don't feel obligated to do so. (The application won't accept a response shorter than 250 words)	ou is
• Some students have a background or story that is so central to their identity that they believe their application would be incomplete without it. If this sounds like you, then please share your story.	
 Recount an incident or time when you experienced failure. How did it affect you, and what lessons did you learn? 	
 Reflect on a time when you challenged a belief or idea. What prompted you to act? Would you make the same decision again? 	
Describe a place or environment where you are perfectly content. What do you do or experience there, and why is it meaningful to you?	
• Discuss an accomplishment or event, formal or informal, that marked your transition from childhood to adulthood within your culture, community, or	r family.
Additional Information Please attach a separate sheet if you wish to provide details of circumstances or qualifications not reflected in the application	
Disciplinary History	
① Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the internation forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but a to: probation, suspension, removal, dismissal, or expulsion from the institution. ○ Yes ○ No	
② Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? ○ Yes ○ No [Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expund annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]	ed, sealed,
f you answered "yes" to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circureflects on what you learned from the experience.	mstances, and
Note: Applicants are expected to immediately notify the institutions to which they are applying should there be any changes to the informat in this application, including disciplinary history.	on requested
SIGNATURE	
Application Fee Payment If this college requires an application fee, how will you be paying it?	
○ Online Payment ○ Will Mail Payment ○ Online Fee Waiver Request ○ Will Mail Fee Waiver Request	
Required Signature	
I certify that all information submitted in the admission process—including the application, the personal essay, any supplements, and any other support materials—is my own work, factually true, and honestly presented, and that these documents will become the property of the institutions to which I and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion revocation of course credit, grades, and degree, should the information I have certified be false.	am applying
I acknowledge that I have reviewed the application instructions for each college receiving this application. I understand that all offers of admission at pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based, as well as honorable dismissal from	
I affirm that I will send an enrollment deposit (or equivalent) to only one institution; sending multiple deposits (or equivalent) may result in the withdra admission offers from all institutions. [Note: Students may send an enrollment deposit (or equivalent) to a second institution where they have been at the waitlist, provided that they inform the first institution that they will no longer be enrolling?	

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

Date

mm/dd/yyyy

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Signature <u></u>



TEACHER EVALUATION

TE

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). **If applying via mail**, please also give that teacher stamped envelopes addressed to each institution that requires a Teacher Evaluation.

Legal Name						○ Female – ○ Male
Last/Family/Sur (Ente	er name exactly as it appea	ars on official documents.)	First/Given	Middle (complete	e) Jr., etc.	9
Birth Date	mm/dd/uunu	C	AID (Common App I	D)		
	IIIII/aa/yyyy					
Address	Apartment #	City/Town	State/Province	Country	ZIP/Postal Code	
School you now attend			(CEEB/ACT Code		
IMPORTANT PRIVACY NOTICE and all other recommendations	s and supporting docum	ents submitted by you ar	id on your behalf, ui	nless at least one of the follow		this form
The institution does not save You waive your right to acce				.org/FERPA).		
Yes, I do waive my right to aNo, I do not waive my right or on my behalf to the instit	access, and I understand to access, and I may so	I I will never see this form meday choose to see this	n or any other recon form or any other r	ecommendations or supporti		l by me
Required Signature <u></u>					Date	
		TO THE	TEACHER			
The Common Application members in your private files for use shoul mailing directly to the college/	d the student need add university admission	itional recommendations office. <i>Do not mail this</i>	s. Please submit you form to The Comi	ur references promptly, and mon Application offices.	remember to sign belo	ow before
Teacher's Name (Mr./Mrs./Ms./Dr	.)	Please print or type	Si	ubject Taught	·	
Signature <u></u>					Data	
Signature					Date	l/yyyy
Secondary School						
Calcad Address						
School Address	er & Street	City/Town	State/Province	Country	ZIP/Postal Code	
Teacher's Telephone () _			Т	eacher's E-mail		
Area/Country/		Number	Ext.			
Background Information	.dont and inhat conta					
How long have you known this stu						
What are the first words that com	e to your mind to descri	be this student?				
In which grade level(s) was the st	udent enrolled when yo	u taught him/her? 09	010 011 0	⊃ 12 ○ Other		
List the courses in which you have	e taught this student, in	cluding the level of cours	e difficulty (AP, IB, a	ccelerated, honors, 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 I've encoun- tered (top 1%)
	Academic achievement							
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Productive class discussion							
	Respect accorded by faculty							
	Disciplined work habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Concern for others							
	Self-confidence							
	Initiative, independence							
	OVERALL							

Evaluation Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)



TEACHER EVALUATION

TE

TO THE APPLICANT

After completing all the relevant questions below	ι , give this form to a teacher who has	s taught you an academic sub	ject (for example, English,	foreign language, math,
science, or social studies). If applying via mail,	please also give that teacher stampe	ed envelopes addressed to each	ch institution that requires	a Teacher Evaluation.

Legal Nam	ne		ears on official documents.)				○ Female- ○ Male
	Last/Family/Sur (Ente	er name exactly as it appe	ars on official documents.)	First/Given	Middle (complete)	Jr., etc.	a.v
Birth Date		mm/dd/yyyy	CA	AID (Common App ID)_			
Addross							
Address	Number & Street	Apartment #	City/Town	State/Province	Country	ZIP/Postal Code	
School you	u now attend			CEE	B/ACT Code		
and all 1. The i 2. You v ○ Yes,	other recommendations institution does not save waive your right to acce I do waive my right to a	is and supporting docunger recommendations pos eass below, regardless of access, and I understan	nents submitted by you and st-matriculation (see list at the institution to which it i d I will never see this form	d on your behalf, unless www.commonapp.orgs sent: or any other recomme	endations submitted by me or	j is true: on my behalf.	
			meday choose to see this t Iling, if that institution save		ommendations or supporting d late.	ocuments submitted	by me
Require	ed Signature <u></u>					Date	
			TO THE	TEACHER			
in your pri mailing d	ivate files for use shoul irectly to the college/	ld the student need add /university admission	ditional recommendations. office. <i>Do not mail this</i>	Please submit your r form to The Commo		nember to sign belo	w before
Teacher's	Name (Mr./Mrs./Ms./Dr	r.)	Please print or type	Subje	ect Taught		
Signature_							
oignaturo_						mm/dd/	уууу
Secondary	, School						
oooonaan y			_				
	dress	er & Street	City/Town	State/Province	Country	ZIP/Postal Code	
School Add	dress	er & Street	City/Town	State/Province			
School Add	dress	er & Street	City/Town	State/Province	Country		
School Add	dress	er & Street	City/Town	State/Province	Country		
School Add	dress	er & Street /City Code	City/Town Number	State/ProvinceTeacExt.	Country Sher's E-mail		
School Add Teacher's Teacher's Background	Telephone ()Area/Country/ und Information have you known this st	er & Street /City Code tudent and in what cont	City/Town Number ext?	State/ProvinceTeac Ext.	Country cher's E-mail		
School Add Teacher's Teacher's How long h	Telephone ()Area/Country/ und Information have you known this sti	er & Street //City Code tudent and in what contine to your mind to descr	City/Town Number ext?	State/ProvinceTeac Ext.	Country Sher's E-mail		
School Add Teacher's T Background How long h What are t In which g	Telephone ()Area/Country/ und Information have you known this sti	er & Street /City Code tudent and in what contine to your mind to descritudent enrolled when you	City/Town Number ext? ribe this student? ou taught him/her?	State/Province Teac Ext.	Country cher's E-mail		

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

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

Evaluation Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)



SCHOOL REPORT

TO THE APPLICANT

					○ Female
Legal Name	on official documents.)	First/Given	Middle (complete)	Jr., etc	O Male
Birth Date	(CAID (Common App ID)_			
mm/dd/yyyy					
Address	Apartment #	City/Town	State/Province	Country	7ID/Pagtal Code
	•	,		,	
School you now attend					
Current year courses—please indicate title, level (AP, IB, classes taken in the same semester on the appropriate s		tc.) and credit value of	all courses you are taki	ng this year. Indi	cate quarter
Full Year/First Semester/First Trimester	Second Semeste	er/Second Trimester	or additional first/se	Third Trimester cond term courses if n	nore space is needed
I understand that under the terms of the FERPA, after I ma submitted by me and on my behalf, unless at least one of 1. The institution does not save recommendations post-m	the following is true:	t www.commonapp.org		and supporting do	cuments
 2. I waive my right to access below, regardless of the inst Yes, I do waive my right to access, and I understand I No, I do not waive my right to access, and I may some on my behalf to the institution at which I'm enrolling, i 	will never see this for eday choose to see thi	m or any other recomme s form or any other reco	mmendations or supportir	ng documents sub	nitted by me or
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Background Information

Class State	Class Rank	Class Size	Covering a p	period from	to		How	many courses o	loes your school	offer:
a given year piezes list he maximum allowed: When year process the maximum allowed: A per B B Monors Is the applicant an B Dyloma candidate(2 O' Net O No Lamulative GPA: In a scale, covering a period from Imm/yyyy To Imm/yyy To Imm/yy To Imm										
Exclusion Percentage of graduating class immediately attending: Four-year	The rank is O	weighted \bigcirc unweighted. How many a	dditional stud	ents share this r	ank?					
Carnulative GPA: on a scale, covering a period from tominary the company of the c	How do you repo	rt class rank? quartile	_ quintile		decile					
This GPA is O weighted O unweighted. The school's passing mark is	Cumulative GPA:	on a scale, co	vering a perio	d from	to				•	
Highest GPA in class										
Percentage of graduating class immediately attending:		·	_				at yo	ur school, the ap		
Percentage of graduating class immediately attending:	Highest GPA in cl	lass		Graduation Date				J		
How long have you known this student and in what context? What are the first words that come to your mind to describe this student? Ratings Compared to other students in his or her class year, how do you rate this student in terms of: Bolow Average Average Average Average Average Average Average (up 10%) (up 10%) (up 10%) (up 5%) (up 5%) (up 5%) (up 10%) (up 10%) (up 5%) (up 10%) (up 5%) (up 10%) (up 5%) (up 10%) (up							\bigcirc d	emanding		
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Ratings Compared to other students in his or her class year, how do you rate this student in terms of: Below Good (above Very good Very good (top 10%) Very good	How long have yo	ou known this student and in what cont	ext?							
No basis Below average Average Average Average Cood (above (well above Excellent Outstanding encountered (top 10%) (top 5%) (top 10%)	What are the first	t words that come to your mind to descri	ribe this stude	nt?						
Below average Average average average average average average) Academic achievement Academic achievement Extracurricular accomplishments Personal qualities and character OVERALL CVERALL Evaluation Please provide comments that will help us differentiate this student from others. Feel free to attach an additional sheet or another reference you have prepared for this student. Alternatively, you may attach a reference written by another school official who can better describe the student. We especially welcome a broad-based assessment and encourage you to consider describing or addressing: The applicant's academic, extracurricular, and personal characteristics. Relevant context for the applicant's performance and involvement, such as particularities of family situation or responsibilities, after-school work obligations, sibling childcare, or other circumstances, either positive or negative. Observed problematic behaviors, perhaps separable from academic performance, that an admission committee should explore further. While this evaluation is a <u>regularied</u> and of every School Report, we recognize that some school counselors face formidable challenges. If your professional circumstances render you unable to provide substantive written comments about this student, and if you are unable to substitute another school official's statement in its place, please help our member colleges better understand your situation by checking one or both of the statements below. O to not have sufficient personal knowledge of this student. Some provide substantive written comments about this student, explain that the box was checked, and request a substitute academic recommendation from a teacher. Please note that if a box is checked, some colleges may contact the student, explain that the box was checked, and request a substitute academic recommendation from a teacher. O to work howledge, has the applicant ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? O to your knowledge, has the app	Ratings Compa	ared to other students in his or her class	s year, how do	you rate this stu	dent in terms of:					One of the top
Academic achievement Extracurricular accomplishments Personal qualities and character OVERALL Evaluation Please provide comments that will help us differentiate this student from others. Feel free to attach an additional sheet or another reference you have prepared for this student. Alternatively, you may attach a reference written by another school official who can better describe the student. We especially welcome a broad-based assessment and encourage you to consider describing or addressing: The applicant's academic, extracurricular, and personal characteristics. Relevant context for the applicant's performance and involvement, such as particularities of family situation or responsibilities, after-school work obligations, sibling childcare, or other circumstances, either positive or negative. Observed problematic behaviors, perhaps separable from academic performance, that an admission committee should explore further. While this evaluation is a required part of every School Report, we recognize that some school counselors face formidable challenges. If your professional circumstances render you unable to provide substantive written comments about this student, and if you are unable to substitute another school official's statement in its place, please help our member colleges better understand your situation by checking one or both of the statements below: I do not have sufficient personal knowledge of this student. O The demands of my counseling load do not afford me sufficient time. Please note that if a box is checked, some colleges may contact the student, explain that the box was checked, and request a substitute academic recommendation from a teacher. The demands of my counseling load do not afford me sufficient time. Please note that if a box is checked, some colleges may contact the student, explain that the box was checked, and request a substitute academic recommendation from a teacher. The demands of my counseling load do not afford me sufficient personal knowledge has the applicati			Polow		Good (above	, ,		Evaclont	Outotondina	
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	to academic n removal, dism ② To your knowl ○ Yes ○ No [Note that you annulled, pard incident and expl Applicants are ex including discipling and the second incident and explements are explements are explements are explements.]	nisconduct or behavioral misconduct, the issal, or expulsion from your institution, edge, has the applicant ever been adjudent of School policy prevents me from restare not required to answer "yes" to this loned, destroyed, erased, impounded, of 'yes' to either or both questions, please ain the circumstances. Spected to immediately notify the institutionary history.	nat resulted in Yes No dicated guilty oppording. s question, or r otherwise or e attach a sepa	a disciplinary ac	tion? These action prevents me fron misdemeanor, fel nation, if the crim confidential by a per or use your w g should there be	ns could in n respondi lony, or oth inal adjud court.] ritten reco	nclude, ng ner crir ication ommen ges to	but are not lim me? or conviction hadation to give to	ited to: probation has been expung he approximate	n, suspension, ed, sealed, date of each
I recommend this student: ○ No basis ○ With reservation ○ Fairly strongly ○ Strongly ○ Enthusiastically	OHECK HEICH	•		•				uly Cathus	actically	

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MIDYEAR REPORT

TO THE APPLICANT After completing the information in this section, give this form to your school counselor or another school official who knows you better. If applying via mail, please also give that school official stamped envelopes addressed to each institution to which you have applied. ○ Female O Male Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given CAID (Common App ID) Birth Date mm/dd/yyyy Address Apartment # Country 7IP/Postal Code Number & Street City/Town State/Province School you now attend ____ CEEB/ACT Code IMPORTANT PRIVACY NOTE: In accordance with the Family Educational Rights and Privacy Act (FERPA), the original School Report submitted on your behalf reflects your choice to waive or not waive your right of access to all recommendations and supporting documents. That response applies to all subsequent reports, including this one. You chose the following: O Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf. O No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate. TO THE SCHOOL COUNSELOR Please submit this form when midyear grades are available (end of first semester or second trimester). Attach applicant's official transcript, including courses in progress and transcript legend. (Please check transcript copies for readability.) Be sure to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices. Counselor's Name (Mr./Mrs./Ms./Dr.) Please print or type School _____ Title School Address Number & Street Country School Website Address Counselor's Telephone (_____) ___ Area/Country/City Code Number School CEEB/ACT Code Counselor's E-mail Background Information If any of the information below has changed for this student since the School Report was submitted, please enter the new information in the appropriate section below. Cumulative GPA: _____ on a _____ scale, covering a period from _ The rank is \bigcirc weighted \bigcirc unweighted. This GPA is O weighted O unweighted. The school's passing mark is How many additional students share this rank? Highest GPA in class Graduation Date O We do not rank. Instead, please indicate quartile ____ quintile ____ decile (mm/dd/yyyy) Have there been any changes to the senior year courses listed on the original School Report? ○ Yes ○ No Have there been any changes in the applicant's disciplinary status at your school since you submitted the original School Report? ○ Yes ○ No ○ School policy prevents me from responding To your knowledge, have there been any changes to the applicant's criminal history since you submitted the original School Report?

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

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

○ Yes ○ No ○ School policy prevents me from responding

in you responded yes to any or the proceding questions, piedse attach an explanation

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

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FINAL REPORT

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TO THE APPLICANT After completing the information in this section, give this form to your school counselor or another school official who knows you better. If applying via mail, please also give that school official stamped envelopes addressed to all institutions requesting a final transcript. O Male Last/Family/Sur (Enter name **exactly** as it appears on official documents.) _ CAID (Common App ID) _____ Birth Date mm/dd/vvvv Address Country Number & Street Apartment # City/Town State/Province School you now attend ____ CEEB/ACT Code IMPORTANT PRIVACY NOTE: In accordance with the Family Educational Rights and Privacy Act (FERPA), the original School Report submitted on your behalf reflects your choice to waive or not waive your right of access to all recommendations and supporting documents. That response applies to all subsequent reports, including this one. You chose the following: O Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf. O No. I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate. TO THE SCHOOL COUNSELOR Please submit this form when final grades are available (end of second semester or third trimester). Attach applicant's official transcript and transcript legend. (Please check transcript copies for readability.) Be sure to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices. Counselor's Name (Mr./Mrs./Ms./Dr.) Please print or type City/Town School Address State/Province Country Number & Street School Website Address Counselor's Telephone (Counselor's E-mail ___ School CEEB/ACT Code **Background Information** If any of the information below has changed for this student since the Midyear Report was submitted, please enter the new information in the appropriate section below. (Counselors of transfer applicants need not answer the questions below the shaded box.) Class Rank _____ Class Size ____ Covering a period from ____ to ____. Cumulative GPA: ____ on a ____ scale, covering a period from _____ (mm/yyyy) The rank is \bigcirc weighted \bigcirc unweighted. This GPA is ○ weighted ○ unweighted. The school's passing mark is How many additional students share this rank? Highest GPA in class Graduation Date O We do not rank. Instead, please indicate quartile ____ quintile ____ decile (mm/dd/vvvv) Have there been any changes to the senior year courses listed on the original School Report? ○ Yes ○ No Have there been any changes in the applicant's disciplinary status at your school since you submitted the original School Report? ○ Yes ○ No ○ School policy prevents me from responding

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

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

○ Yes ○ No ○ School policy prevents me from responding

in you responded you to any or the processing questions, process attach an explanation

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

To your knowledge, have there been any changes to the applicant's criminal history since you submitted the original School Report?

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OPTIONAL GRADE REPORT

OR-1

	,	TO THE A	APPLICANT				
The Optional Grade Report may be used at any a substitute for the Midyear or Final Report. Afte knows you better. If applying via mail , please	er completing the	e information in t	his section, give this	form to your school c	ounselor or anoth	er school o	fficial who 1.
Legal Name							○ Female− ○ Male
Last/Family/Sur (Enter name exactly a				•	mplete)	Jr., etc.	O Maio
Birth Date	VV	C	AID (Common App ID))			
Address							
Number & Street	Ар	artment #	City/Town	State/Province	Country	Z	ZIP/Postal Code
School you now attend			CE	EB/ACT Code			
reflects your choice to waive or not waive you including this one. You chose the following: Yes, I do waive my right to access, and I u No, I do not waive my right to access, and on my behalf to the institution at which I'n	nderstand I will n I may someday (never see this form choose to see this	m or any other recom	mendations submitted commendations or su	by me or on my b	ehalf.	
This form is not a substitute for the Midyear or Fi Attach the applicant's official transcript, including	inal Report. Pleas g courses in prog	e use this form o ress and transcri	pt legend. (Please che	late the applicant's gra eck transcript copies fo	or readability.) Be s		
before mailing directly to the college/university Counselor's Name (Mr./Mrs./Ms./Dr.)				mmon Application o	mces.		
,		Please print or type					
Signature <u>Signature</u>					Date	mm/dd	// <i>vvvv</i>
Title			School				
School Address							
Number & Street	City	/Town	State/Province	e Count	ry	ZIP/Postal	Code
School Website Address							
Counselor's Telephone ()			Counselor's Fax	. ()			
				Area/Country/City Code	Numi	ber	
School CEEB/ACT Code		Counselo	r's E-mail				
Background Information If any of the information the appropriate section below.	mation below has	s changed for this	s student since the Sc	chool Report was subm	nitted, please enter	r the new in	nformation in
Class Rank Class Size Covering	a period from	to /yyyy) (mm/yyyy)	Cumulative GPA:	on a scale,	covering a period f		to
The rank is O weighted O unweighted. How many additional students share this rank?			This GPA is ○ wei	ghted \bigcirc unweighted. Th			
O We do not rank. Instead, please indicate quartile	quintile	decile	Highest GPA in clas	SS	Graduation [Date	m/dd/yyyy)
This report is sent to convey: O First quarter/tri Have there been any changes to the senior year	-						

Have there been any changes in the applicant's disciplinary status at your school since you submitted the original School Report?

○ Yes ○ No ○ School policy prevents me from responding

To your knowledge, have there been any changes to the applicant's criminal history since you submitted the original School Report?

○ Yes ○ No ○ School policy prevents me from responding

Do you wish to update your original evaluation of this applicant? $\,\,$ Yes $\,\,$ No

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

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

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ACADEMIC INFORMATION

Please indicate your intended area(s) of study

Select a Major ______ Select a Second Major (optional) _____

Acting	ACTG BFA	Engineering	ENGR BA	Media and Communication		Psychology	PSYC BS
Africana Studies	AFST BA	English	ENGL BA	Studies	MCS BA	Russian	RUSS SPC
American Studies	AMST BA	Environmental Science	ENSC BS	Modern Languages		Social Work	SOWK BA
Ancient Studies	ANCS BA	Environmental Studies	ENVS BA	and Linguistics	MLL BA	Sociology	SOCY BA
Asian Studies	ASIA BA	Financial Economics	FIEC BS	Music	MUSC BA	Spanish	SPAN SPC
Biochemistry and		French	FREN SPC	Music - Composition	MUCO SPC	Statistics	STAT BS
Molecular Biology	BIOC BS	Gender and Women's		Music - Education	MUED SPC	Theatre	THTR BA
Bioinformatics and		Studies	GWST BA	Music - Instrument		Theatre - Acting	ACTG SPC
Computational Biology	BINF BS	Geography and		Performance	INPE SPC	Theatre - Design/Production	DPRO SPC
Biological Sciences	BIOL BA	Environmental Systems	GEOG BA	Music - Jazz	JAZZ SPC	Undecided	UGST BA
Biological Sciences	BIOL BS	Geography and		Music - Performance/		Visual Arts - Animation/	
Business Technology		Environmental Systems	GEOG BS	Musicology	PEMU SPC	Interactive Media	AI SPC
Administration	BTA BA	Health Administration		Music - Recording	MURE SPC	Visual Arts - Animation/	
Chemistry	CHEM BA	and Policy	HAPP BA	Music - Undecided	UNDC SPC	Interactive Media	AIBFA SPC
Chemistry	CHEM BS	History	HIST BA	Music - Vocal Performance	VOPE SPC	Visual Arts - Art History	AR SPC
Chemistry Education	CHED BA	Information Systems	IFSM BS	Philosophy	PHIL BA	Visual Arts - Film/Video	FVBFA SPC
Chemical Engineering	CENG BS	Interdisciplinary Studies	INDS BA	Physics	PHYS BS	Visual Arts - Film/Video	FV SPC
Computer Engineering	CMPE BS	Interdisciplinary Studies	INDS BS	Physics Education	PHSE BA	Visual Arts - Graphic Design	GR SPC
Computer Science	CMSC BS	Management of Aging		Political Science	POLI BA	Visual Arts - Photography	PHBFA SPC
Cultural Anthropology	ANTH BA	Services	MAGS BA	Pre-Dental Hygiene	DENT OPT	Visual Arts - Photography	PH SPC
Dance	DANC BA	Mathematics	MATH BA	Pre-Nursing	NURS OPT	Visual Arts - Print Media	PRBFA SPC
Economics	ECON BA	Mathematics	MATH BS	Pre-Pharmacy	PHAR OPT	Visual Arts - Print Media	PR SPC
Emergency Health Services	EHS BS	Mechanical Engineering	MENG BS	Psychology	PSYC BA	Visual Arts - Undecided	UN SPC

^{*} Students interested in Pre-Dentistry, Pre-Law, Pre-Optometry, Pre-Physical Therapy, Pre-Podiatry, and Pre-Veterinary must select a primary major.

Please indicate if you intend to pursue any of the following after graduation:

□ Dentistry	□ Law	☐ Medicine	□ Optometry	□ Physical Therapy	□ Podiatry	□ Veterinary Medicine

^{*} Students interested in pre-professional studies receive special advising and assistance in preparing for admission to professional programs

FIRST	NAMEl	AST NAME	CAMPUS ID	TERM APPLYING				
Do yo	wish to be considered for in-state tuition status?	o Yes o No (If yes,	you must complete this section of the application.)					
IF AN	OF THE CATEGORIES BELOW APPLY, PLEA	SE CHECK THE APPROP	RIATE BOX, <u>PROVIDE REQUESTED INFORMATION AND</u>	OR DOCUMENT, AND GO TO ITEM 10.				
	am a part-time (50%) or full-time regular emplo guardian who is, a regular employee of the Uni Please indicate relationship:		tem of Maryland or, I am the spouse of, or am financially	y dependent upon a parent or legal				
0	am a full-time active member of the U.S. Arme financially dependent child of such a person. F	d Forces whose home of Please attach a copy of you	campus at which you or your spouse or parent or legal guard residency is Maryland or one who resides or is stationed r deed or lease (if applicable), or verification from the service	d in Maryland, or the spouse or a that you have declared Maryland as your				
			so, please indicate date of expected separation from the mil					
o	am eligible for in-state status considerations	ınder the Maryland Natior	nd and received an honorable discharge. Please attach pal Guard Nonresident Tuition Exemption. I am eligible barce critical specialty code. I understand that I must provide	pecause I (1) joined or subsequently served				
IF NO non-N Maryl	NE OF THE ABOVE IS CHECKED, applicants se aryland resident classification and out-of-state	charges being applied. I	t complete the following questions. Failure to complete Residency classification information is evaluated in acco n of an item, or for additional information as necessary.					
0	am financially independent. I have earned taxa am financially dependent on another person whethe State, please submit documentation and go to	o has claimed me as a dep tem 10.	been claimed as a dependent on another person's most rece endent on his/her most recent income tax returns, or I am a	ward of the State of Maryland. If a ward of				
	· · · ·							
	Is the person a resident of Maryland? o YeAddress of this person:	s o No						
	d. Is this person a citizen of the United States? i. If no, type of visa: iii. Alien Registration No		ii. Expiration date of visa:iv. Date of Issuance:					
			cent year on all earned income including income earned out					
	If yes, list actual years Maryland income tax returns have been filed within the past 3 years. i. Years filed:							
	· ·		ate reason(s):					
	f. Signature of this person:							
The S	tudent Applicant is responsible for completing	items 1 - 10.						
1.	Permanent address:							
	Length of time at permanent address years fless than 12 months, provide previous address: _							
	Length of time at previous address years _	months						
2.	Are you residing in Maryland primarily to atten	d an educational institution	n?	o Yes o No				
	Are all, or substantially all of your possessions	in Maryland?		o Yes o No				
	Do you possess a valid driver's license? a. If yes, initial date of issue b. Most recent date of issue		In what state?In what state?	o Yes o No				
	Do you own any motor vehicles? a. If yes, initial date of registration? b. Most recent date of registration	b.	In what state? In what state?	o Yes o No				
á	Are you registered to vote? a. If yes, in what state? b. Date of registration:	c Were you previously re	gistered to vote in another state?	o Yes o No				
7. I	Have you filed a Maryland state income tax retu eturns within the past 3 years. a. Years filed:	rn for the most recent yea	ar? List the years you have filed Maryland income tax	o Yes o No				
ŀ	b. If you did not file a tax return in Maryland within	the last 12 months, state re	ason(s):					
8.	ls Maryland state income tax currently being w	thheld from your pay? If	no, provide explanation.	o Yes o No				
	Do you receive any public assistance from a st a. If yes, please explain	o Yes o No						
or misl			eserves the right to request additional information if necessary. In the ity retroactively to recover the difference between in-state and out-of					
10.								
	Signature of Applicant			Date				