

APPLICANT

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

Preferred name, if not first name (only one) _____ Former last name(s) _____

Birth Date _____ Female Male US Social Security Number, if any _____
mm/dd/yyyy Required for US Citizens and Permanent Residents applying for financial aid via FAFSA

Preferred Telephone Home Cell Home (_____) _____ Cell (_____) _____
Area/Country/City Code Area/Country/City Code

E-mail Address _____ IM Address _____

Permanent home address _____
Number & Street Apartment #

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

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

Current mailing address _____
Number & Street Apartment #

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

If your current mailing address is a boarding school, include name of school here: _____

FUTURE PLANS

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

College _____ Deadline _____
mm/dd/yyyy

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

Decision Plan _____

Academic Interests _____

Career Interest _____

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

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

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

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

Do you intend to live in college housing? _____

What is the highest degree you intend to earn? _____

DEMOGRAPHICS

Citizenship Status _____

Non-US Citizenship(s) _____

Birthplace _____
City/Town State/Province Country

Years lived in the US? _____ Years lived outside the US? _____

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

	S	R	W	F	H
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Religious Preference _____

US Armed Services veteran status _____

1. Are you Hispanic/Latino?
 Yes, Hispanic or Latino (including Spain) No If yes, please describe your background.

2. Regardless of your answer to the prior question, please indicate how you identify yourself. (Check one or more and describe your background.)

American Indian or Alaska Native (including all Original Peoples of the Americas)
 Are you Enrolled? Yes No If yes, please enter Tribal Enrollment Number _____

Asian (including Indian subcontinent and Philippines)

Black or African American (including Africa and Caribbean)

Native Hawaiian or Other Pacific Islander (Original Peoples)

White (including Middle Eastern)

FAMILY

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

Household

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

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

If you have children, how many? _____

Parent 1

Mother Father Unknown

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

Last/Family/Sur First/Given Middle

Former last name(s) _____

Country of birth _____

Home address **if different** from yours

Preferred Telephone: Home Cell Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

College (if any) _____ CEEB _____

Degree _____ Year _____

Graduate School (if any) _____ CEEB _____

Degree _____ Year _____

Parent 2

Mother Father Unknown

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

Last/Family/Sur First/Given Middle

Former last name(s) _____

Country of birth _____

Home address **if different** from yours

Preferred Telephone: Home Cell Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

College (if any) _____ CEEB _____

Degree _____ Year _____

Graduate School (if any) _____ CEEB _____

Degree _____ Year _____

Legal Guardian (if other than a parent)

Relationship to you _____

Last/Family/Sur First/Given Middle

Country of birth _____

Home address **if different** from yours

Preferred Telephone: Home Cell Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

College (if any) _____ CEEB _____

Degree _____ Year _____

Graduate School (if any) _____ CEEB _____

Degree _____ Year _____

Siblings

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

Name Age & Grade Relationship

College Attended _____ CEEB _____

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

Name Age & Grade Relationship

College Attended _____ CEEB _____

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

Name Age & Grade Relationship

College Attended _____ CEEB _____

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

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)

Grade level or post-graduate (PG) 9 10 11 12 PG	Honor	Highest Level of Recognition			
		S	S/R	N	I
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 post-graduate (PG) 9 10 11 12 PG	Approximate time spent		When did you participate in the activity?		Positions held, honors won, letters earned, or employer	If applicable, do you plan to participate in college?
	Hours per week	Weeks per year	School year	Summer/ School Break		
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____						
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____						
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____						
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____						
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____						
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____						
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____						

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 voice. *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 is 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.)

- 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 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 international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution. Yes No
- ② Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Yes No
[Note that you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]

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

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

SIGNATURE

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

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

Required Signature

- I certify that all information submitted in the admission process—including the application, the personal essay, any supplements, and any other supporting materials—is my own work, factually true, and honestly presented, and that these documents will become the property of the institutions to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have certified be false.
- I acknowledge that I have reviewed the application instructions for each college receiving this application. I understand that all offers of admission are conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based, as well as honorable dismissal from the school.
- I affirm that I will send an enrollment deposit (or equivalent) to only one institution; sending multiple deposits (or equivalent) may result in the withdrawal of my admission offers from all institutions. [Note: Students may send an enrollment deposit (or equivalent) to a second institution where they have been admitted from the waitlist, provided that they inform the first institution that they will no longer be enrolling.]

Signature 

Date _____

mm/dd/yyyy

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

ESSAY

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

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

Address _____
Number & Street Apartment # City/Town 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), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (*see list at www.commonapp.org/FERPA*).
2. 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 form or any other recommendations submitted by me or on my behalf.

No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature _____ Date _____

TO THE TEACHER

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

Teacher's Name (Mr./Mrs./Ms./Dr.) _____ Subject Taught _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

Secondary School _____

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

Teacher's Telephone (_____) _____ Teacher's E-mail _____
Area/Country/City Code Number Ext.

Background Information

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

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

In which grade level(s) was the student enrolled when you taught him/her? 9 10 11 12 Other _____

List the courses in which you have taught this student, including the level of course difficulty (AP, IB, accelerated, 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 encountered (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.)

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

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

Address _____
Number & Street Apartment # City/Town 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), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (*see list at www.commonapp.org/FERPA*).
2. 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 form or any other recommendations submitted by me or on my behalf.

No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature _____ Date _____

TO THE TEACHER

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

Teacher's Name (Mr./Mrs./Ms./Dr.) _____ Subject Taught _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

Secondary School _____

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

Teacher's Telephone (_____) _____ Teacher's E-mail _____
Area/Country/City Code Number Ext.

Background Information

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

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

In which grade level(s) was the student enrolled when you taught him/her? 9 10 11 12 Other _____

List the courses in which you have taught this student, including the level of course difficulty (AP, IB, accelerated, 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 encountered (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.)

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. **If applying via mail**, please also give that school official stamped envelopes addressed to each institution that requires a School Report.

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

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

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____ CEEB/ACT 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.

Full Year/First Semester/First Trimester	Second Semester/Second Trimester	Third Trimester <i>or additional first/second term courses if more space is needed</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____


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

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

- The institution does not save recommendations post-matriculation (*see list at www.commonapp.org/FERPA*).
- I waive my right to access below, regardless of the institution to which it is sent:

Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.


No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature  _____ Date _____

TO THE SECONDARY SCHOOL COUNSELOR

Attach applicant's official transcript, including courses in progress, a school profile, and transcript legend. (Check transcript copies for readability.) Use both pages to complete your evaluation for this student. **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

Signature  _____ Date _____
mm/dd/yyyy

Title _____ School _____

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

School Website Address _____

Counselor's Telephone (_____) _____ Counselor's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number

School CEEB/ACT Code _____ Counselor's E-mail _____

Background Information

Class Rank _____ Class Size _____ Covering a period from _____ to _____.
(mm/yyyy) (mm/yyyy)

The rank is weighted unweighted. How many additional students share this rank? _____

How do you report class rank? 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 GPA in class _____ Graduation Date _____
(mm/dd/yyyy)

Percentage of graduating class immediately attending: _____ four-year _____ two-year institutions

How many courses does your school offer:
 AP _____ IB _____ Honors _____

If school policy limits the number a student may take in a given year, please list the maximum allowed:
 AP _____ IB _____ Honors _____

Is the applicant an IB Diploma candidate? Yes No

Are classes taken on a block schedule? Yes No

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

- most demanding
 very demanding
 demanding
 average
 below average

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:

	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 encountered (top 1%)
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. 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.

① Has the applicant ever been found responsible for a disciplinary violation at your school from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from your institution. Yes No School policy prevents me from responding

② To your knowledge, has the applicant ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime?

- Yes No School policy prevents me from responding.

[Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered to be kept confidential by a court.]

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.

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

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

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

TO THE APPLICANT

After completing the information in this section, give this form to your school counselor or another school official who knows you better. **If applying via mail,** please also give that school official stamped envelopes addressed to each institution to which you have applied.

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

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

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____ CEEB/ACT Code _____

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


Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

TO THE SCHOOL COUNSELOR

Please submit this form when 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

Signature  _____ Date _____
mm/dd/yyyy

Title _____ School _____

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

School Website Address _____

Counselor's Telephone (_____) _____ Counselor's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number

School CEEB/ACT Code _____ Counselor's E-mail _____

Background Information If any of the information below has changed for this student since the School Report was submitted, please enter the new information in the appropriate section below.

Class Rank _____ Class Size _____ Covering a period from _____ to _____ Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____.
(mm/yyyy) (mm/yyyy) (mm/yyyy) (mm/yyyy)

The rank is weighted 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 _____
(mm/dd/yyyy)

We do not rank. Instead, please indicate quartile _____ quintile _____ decile _____

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

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

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

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

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

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

TO THE APPLICANT

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

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

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

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____ CEEB/ACT Code _____

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


Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

TO THE SCHOOL COUNSELOR

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

Counselor's Name (Mr./Mrs./Ms./Dr.) _____
Please print or type

Signature  _____ Date _____
mm/dd/yyyy

Title _____ School _____

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

School Website Address _____

Counselor's Telephone (_____) _____ Counselor's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number

School CEEB/ACT Code _____ Counselor's E-mail _____

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

Class Rank _____ Class Size _____ Covering a period from _____ to _____ Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____
(mm/yyyy) (mm/yyyy) (mm/yyyy) (mm/yyyy)

The rank is weighted 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 _____
(mm/dd/yyyy)

We do not rank. Instead, please indicate quartile _____ quintile _____ decile _____

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

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

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

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

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

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

TO THE APPLICANT

The Optional Grade Report may be used at any point in the academic year to submit updated grades to your colleges and universities, but it should not be used as a substitute for the Midyear or Final Report. 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.

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

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

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____ CEEB/ACT Code _____

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


Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

TO THE SCHOOL COUNSELOR

This form is not a substitute for the Midyear or Final Report. Please use this form only if you wish to update the applicant's grades at another point in the year. Attach the 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

Signature  _____ Date _____
mm/dd/yyyy

Title _____ School _____

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

School Website Address _____

Counselor's Telephone (_____) _____ Counselor's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number

School CEEB/ACT Code _____ Counselor's E-mail _____

Background Information If any of the information below has changed for this student since the School Report was submitted, please enter the new information in the appropriate section below.

Class Rank _____ Class Size _____ Covering a period from _____ to _____ Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____
(mm/yyyy) (mm/yyyy) (mm/yyyy) (mm/yyyy)

The rank is weighted 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 _____
(mm/yyyy)

We do not rank. Instead, please indicate quartile _____ quintile _____ decile _____

This report is sent to convey: First quarter/trimester senior grades School Report/transcript correction Other _____

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

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

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

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

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

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

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

RESIDENCY INFORMATION

FIRST NAME _____ LAST NAME _____ CAMPUS ID _____ TERM APPLYING _____

Do you wish to be considered for in-state tuition status? Yes No (If yes, you must complete this section of the application.)

IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENT, AND GO TO ITEM 10.

- I am a part-time (50%) or full-time regular employee of the University System of Maryland or, I am the spouse of, or am financially dependent upon a parent or legal guardian who is, a regular employee of the University System of Maryland.
Please indicate relationship: _____
Please attach a letter of verification from the Human Resources Office of the campus at which you or your spouse or parent or legal guardian is employed.
- I am a full-time active member of the U.S. Armed Forces whose home of residency is Maryland or one who resides or is stationed in Maryland, or the spouse or a financially dependent child of such a person. Please attach a copy of your deed or lease (if applicable), or verification from the service that you have declared Maryland as your "home of residency" (if applicable); and the most recent assignment orders. Also, please indicate date of expected separation from the military _____.
- I am a veteran of the United States Armed Forces who resides in Maryland and received an honorable discharge. Please attach proof of honorable discharge.
- I am eligible for in-state status considerations under the Maryland National Guard Nonresident Tuition Exemption. I am eligible because I (1) joined or subsequently served to provide a critical military occupational skill or (2) am a member of the Air Force critical specialty code. I understand that I must provide documentation from my company commander for consideration.

IF NONE OF THE ABOVE IS CHECKED, applicants seeking in-state status must complete the following questions. Failure to complete all of the required items may result in a non-Maryland resident classification and out-of-state charges being applied. Residency classification information is evaluated in accordance with the University System of Maryland policy on residency. The applicant may be contacted for clarification of an item, or for additional information as necessary.

PLEASE CHECK ONE:

- I am financially independent. I have earned taxable income and I have not been claimed as a dependent on another person's most recent income tax returns.
- I am financially dependent on another person who has claimed me as a dependent on his/her most recent income tax returns, or I am a ward of the State of Maryland. If a ward of the State, please submit documentation and go to item 10.
Name of person upon whom dependent and relationship to applicant: _____
 - a. How long have you been dependent upon this person? _____
 - b. Is the person a resident of Maryland? Yes No
 - c. Address of this person: _____
 - d. Is this person a citizen of the United States? Yes No
 - i. If no, type of visa: _____ ii. Expiration date of visa: _____
 - iii. Alien Registration No. _____ iv. Date of Issuance: _____
 - e. Has this person filed a Maryland state income tax return for the most recent year on all earned income including income earned outside of Maryland? Yes No
If yes, list actual years Maryland income tax returns have been filed within the past 3 years.
 - i. Years filed: _____
 - ii. If a Maryland tax return has not been filed within the last 12 months, state reason(s): _____
 - f. Signature of this person: _____

The Student Applicant is responsible for completing items 1 - 10.

- 1. Permanent address:** _____
Length of time at permanent address ____ years ____ months
If less than 12 months, provide previous address: _____

Length of time at previous address ____ years ____ months
- 2. Are you residing in Maryland primarily to attend an educational institution?** Yes No
- 3. Are all, or substantially all of your possessions in Maryland?** Yes No
- 4. Do you possess a valid driver's license?** Yes No
 - a. If yes, initial date of issue _____ b. In what state? _____
 - c. Most recent date of issue _____ d. In what state? _____
- 5. Do you own any motor vehicles?** Yes No
 - a. If yes, initial date of registration? _____ b. In what state? _____
 - b. Most recent date of registration _____ d. In what state? _____
- 6. Are you registered to vote?** Yes No
 - a. If yes, in what state? _____
 - b. Date of registration: _____ c. Were you previously registered to vote in another state? _____
- 7. Have you filed a Maryland state income tax return for the most recent year? List the years you have filed Maryland income tax returns within the past 3 years.** Yes No
 - a. Years filed: _____
 - b. If you did not file a tax return in Maryland within the last 12 months, state reason(s): _____

- 8. Is Maryland state income tax currently being withheld from your pay? If no, provide explanation.** Yes No

- 9. Do you receive any public assistance from a state or local agency other than one in Maryland?** Yes No
 - a. If yes, please explain _____

I certify that the information provided is complete and correct. I understand that the University reserves the right to request additional information if necessary. In the event the University discovers that false or misleading information has been provided, the Student Applicant may be billed by the University retroactively to recover the difference between in-state and out-of-state tuition for the current and subsequent semesters.

10. _____
Signature of Applicant Date