

# EXHIBIT 49

# FIRST-YEAR APPLICATION

## 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  Mobile Home (\_\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_  
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"/>

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) \_\_\_\_\_

**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 \_\_\_\_\_

## 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
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Former last name(s) \_\_\_\_\_

Country of birth \_\_\_\_\_

Home address if **different** from yours \_\_\_\_\_

\_\_\_\_\_

Preferred Telephone:  Home  Mobile  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  Mobile  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
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Country of birth \_\_\_\_\_

Home address if **different** from yours \_\_\_\_\_

\_\_\_\_\_

Preferred Telephone:  Home  Mobile  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
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College Attended \_\_\_\_\_ CEEB \_\_\_\_\_

Degree earned \_\_\_\_\_ Dates \_\_\_\_\_  
or expected mm/yyyy - mm/yyyy

## EDUCATION

### Secondary Schools

Most recent secondary school attended \_\_\_\_\_

Entry Date mm/yyyy Graduation Date mm/dd/yyyy School Type:  Public  Charter  Independent  Religious  Home School

Address \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_  
*Number & Street*

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

Counselor's Name \_\_\_\_\_ Counselor's Title \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
*Area/Country/City Code Number Ext. Area/Country/City Code Number*

List all other secondary schools you have attended since 9<sup>th</sup> 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).

College/University Name & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	CO	HS	ON	CR	TR	DC	Dates Attended mm/yyyy – mm/yyyy	Degree Earned
_____	_____	<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"/>	_____	_____

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

## ACADEMICS

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.

**Grades** Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_ Weighted?  Yes  No GPA \_\_\_\_\_ Scale \_\_\_\_\_ Weighted?  Yes  No  
*(if available) (if available)*

**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/yyyy mm/dd/yyyy (so far) Critical Reading mm/dd/yyyy Math mm/dd/yyyy Writing mm/dd/yyyy*

**TOEFL/IELTS** Exam Dates: \_\_\_\_\_ Best Score: \_\_\_\_\_  
*(past & future) mm/yyyy mm/yyyy mm/yyyy (so far) Test Score mm/yyyy*

AP/IB/SAT Subjects	Best Scores: (per subject, so far) mm/yyyy	Type & Subject	Score	mm/yyyy	Type & Subject	Score
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Current Courses** Please list all courses you are taking this year and indicate level (AP, IB, advanced, honors, etc.) and credit value. 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Honors** Briefly list any academic distinctions or honors you have received since the 9<sup>th</sup> 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 _____						

**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.

- Some students have a background, identity, interest, or talent that is so meaningful they believe their application would be incomplete without it. If this sounds like you, then please share your story.
- The lessons we take from failure can be fundamental to later success. Recount an incident or time when you experienced failure. How did it affect you, and what did you learn from the experience?
- 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 problem you've solved or a problem you'd like to solve. It can be an intellectual challenge, a research query, an ethical dilemma—anything that is of personal importance, no matter the scale. Explain its significance to you and what steps you took or could be taken to identify a solution.
- Discuss an accomplishment or event, formal or informal, that marked your transition from childhood to adulthood within your culture, community, or family.

### Disciplinary History

- ① Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9<sup>th</sup> 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.**

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  
 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 \_\_\_\_\_

**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 <small>or additional first/second term courses if more space is needed</small>

**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](http://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								
<b>OVERALL</b>								

**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 9<sup>th</sup> 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 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:

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

Yes, I do waive my right to access, and I understand I will never see this 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 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

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/dd/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.

You may leave all school contact information (bottom of page 2) blank if you are stapling this Home School Supplement to the School Report before mailing. Please type or print in black ink. This form should only be used by home school supervisors. Check specific college information in our online Requirements Grid to ensure a member institution uses this form. **Do not mail this form to The Common Application offices.**

TO THE APPLICANT

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

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
*mm/dd/yyyy (Optional)*

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

TO THE HOME SCHOOL SUPERVISOR

**Philosophy**

Please provide any information about the applicant's home school experience and environment that you believe would be helpful to the reader (e.g. educational philosophy, motivation for home schooling, instruction setting, etc.).

**Grading Scale**

Please explain the grading scale or other methods of evaluation.

**Outside Evaluation**

If the student has taken courses from a distance learning program, traditional secondary school, or institution of higher education, please list the course title and content, sponsoring institution, instruction setting and schedule, and frequency of interactions with instructors and fellow students (once per day, week, etc.). **In addition**, if the student has taken any standardized testing other than those listed on page 2 of the Common Application, please also describe below.

**Transcript**

Subject	Course Title & Level (AP/Collage)	Date (To/From)	Grade	Primary Text Used
English				
Math				
Science				
Social Studies				
Foreign Language				
Arts				
Other				

Supervisor's Name (Mr./Mrs./Ms./Dr.) \_\_\_\_\_  
*Please print or type*

Signature  \_\_\_\_\_ Date       /      /        
*mm/dd/yyyy*

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

Supervisor's Phone (\_\_\_\_\_) \_\_\_\_\_ Supervisor's Fax (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Number Ext. Area Code Number*

Supervisor's E-mail \_\_\_\_\_

Are you a member of a homeschooler's association?  Yes  No If yes, name of association \_\_\_\_\_

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.

Check specific college information in our online Requirements Grid to ensure a member institution uses this form.

TO THE APPLICANT

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

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Decision Plan \_\_\_\_\_  
mm/dd/yyyy (Optional)

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

E-mail Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

School you now attend \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_

ARTS MEDIUM

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

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

**Theater**  
 **Dance**  
 **Film**

**Visual Arts**     Art Studio \_\_\_\_\_     Design \_\_\_\_\_     Painting \_\_\_\_\_  
 Drawing \_\_\_\_\_     Photography \_\_\_\_\_     Other \_\_\_\_\_

INSTRUCTIONS

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

- 1 Complete this form.
- 2 Have an instructor who is familiar with your work send a letter of recommendation directly to the admission office, **not to The Common Application offices.**
- 3 Enclose a 10-minute CD or DVD with this form that demonstrates contrasting examples of expression and technique. Please do not submit videotapes. List the contents of the CD or DVD below. Alternatively, you may provide a URL. If using a web service that shortens URL addresses, please be aware that it is possible your submission may not be reviewed before the shortened link expires.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Music

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

Theater and Dance

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

Visual Arts and Film

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy



You may leave all school contact information (at the bottom of this page) blank if you are stapling this International Supplement to the School Report before mailing to the college admission offices. **Do not mail this form to The Common Application offices.** Please type or print in black ink. Check specific college information in our online Requirements Grid to ensure a member institution uses this form. This form should only be completed by secondary schools using non-US educational systems. International schools using an AP curriculum exclusively need not complete this form.

TO THE APPLICANT

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

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
mm/dd/yyyy (Optional)

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

School you now attend \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_

TO THE SECONDARY SCHOOL COUNSELOR

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

Is promotion within your educational system based upon standard examinations (for example: Abitur, GCSE/A-Level, ICSE/ISC, etc.) given at the end of lower and/or senior secondary school by a state or national examinations board?  Yes  No

**If yes:** Please attach an official copy of this student's lower secondary examination results. If the student has already taken senior secondary leaving exams, please include an official copy of the results. If this applicant's senior secondary leaving exam results are not yet available, please indicate predicted results on the reverse. If you have already forwarded these results with the School Report, you do NOT need to attach another copy to this form.

**If no:** Please attach an official transcript of this student's academic record for the final three years of secondary school, including courses taken and marks/grades in those courses. If you have already forwarded a full transcript with the School Report, you do NOT need to attach another copy to this form.


Senior secondary leaving examinations

Date of exam (month/year)	Examining board	Academic subject	Predicted result	Actual result
<b>Overall result</b>				

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

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

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

Signature  \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

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

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

Counselor's Telephone (\_\_\_\_\_) \_\_\_\_\_ Counselor's Fax (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Ext. Area Code Number

Secondary School CEEB/ACT Code \_\_\_\_\_ Counselor's E-mail \_\_\_\_\_