

TO THE APPLICANT

This form must accompany an official copy of your transcript and must be completed by a college official(s) who has access to your academic record and your disciplinary record. Please follow these steps to ensure the form is completed accurately and in its entirety. Step 1: Complete all relevant questions below, including the signature statement. Step 2: Give this form to a dean or college official who has access to your academic record and ask that official to complete the academic portion of this form. Step 3: If the official completing the academic portion does not also have access to your disciplinary record, please ask the individual to securely forward the form to a second official who can answer those questions before duplicating this form and mailing it to your colleges along with copies of your official transcript(s).

copies of your official transcript	(S).					
Legal Name	ter name exactly as it anne	ars on official documents)	First/Given	Middle (complete)	Jr., etc.	
Last/r anniy/our (Lin	tor name exactly as it appo-	aro on omerar documents.	T II St, CIVOII	middle (complete)	01., 010.	
Birth Date		CA	ID (Common App ID)			
	mm/aa/yyyy					
Address	Apartment #	011 /7		0.1.70	7/0/0 1 1 0 1	
Number & Street	Apartment #	City/Town	County or Parish	State/Province	Country ZIP/Postal Code	
College/university you now atten	ıd		CEEB/AC	CT Code		
Current year courses—please in appropriate semester line.	dicate title, level, and cre	edit value of all courses yo	u are taking this year. Indi	cate quarter classes taken	in the same semester on the	
First Semester/Quarter	Grade	Second Semester/Quarter	Grad	e Third Quarter	Grado	
How many college credits have y	E: By signing this form, I	authorize every school that	at I have attended to relea	se all requested records a	nd recommendations to	
colleges to which I am applying have questions about the info			se colleges to confidential	ly contact my current and	former schools should they	
O I waive my right to review	all recommendations ar	nd supporting documents s	ubmitted by me or on my	behalf.		
counselors or teach	o waive my right to revie	w my recommendations are ecommendations on my be	nd supporting documents.	I understand that my deci		
I understand that my waiver or recommendation or application		ove pertains to all colleges	to which I apply and that	my selections cannot be o	changed after any	
Required Signature <u></u>					Date	
If you have access to the applicate copies for readability). Use both polease complete the relevant porto the applicant's colleges after d	nt's academic record and pages to complete your evaluation of this form, then for loing so. Do not mail this	valuation for this student, a ward to the appropriate offi is form to The Common Ap	complete this form in its end be sure to sign below. It call for completion of the c	entirety. Attach the applicar f you have access to the ap	oplicant's academic record only,	
College Official's Name (Mr./Mrs	./Ms./Dr.)	Please print or type				
Signature Signature		Please print or type			Date	
orginaturo					mm/dd/yyyy	
Title			College or University			

State/Province

Ext.

College Official's E-mail

Number

College Official's Fax (_

Area/Country/City Code

City/Town

Area/Country/City Code

College or University Address

College Official's Telephone (

College or University CEEB/ACT Code

Ext.

ZIP/Postal Code

Number

Background Information

Cumulative GPA:	covering a period	overing a period from to to			School Seal						
	eighted O unweighted. The school's										
	ass										
riigilost di A iii di			diddddioii ddi	(mm/yyy	<i>(y)</i>						
If you know this s	tudent, please indicate for how long	and in what cont	ext								
If you know this student, 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:											
natings Compa	Ted to other students in his or her ca	ass year, now uo	you rate tills st	uueni in leinis o				One of the ten four			
				Good (above	Very good (well above	Excellent	Outstanding	One of the top few I've encountered			
No basis	T	Below average	Average	average)	average)	(top 10%)	(top 5%)	(top 1%)			
	Academic achievement										
	Extracurricular accomplishments										
	Personal qualities and character										
	OVERALL										
Observed prob	s, either positive or negative. olematic behaviors, perhaps separabl						er.				
	ing only the questions pertaining to th					ormation:					
College Official's I	Name (Mr./Mrs./Ms./Dr.)	Please	print or type								
Signature <u></u>							Date				
				0.110151				nm/dd/yyyy			
litle				College Official	's E-mail						
College Official's 7	Telephone ()	Number	Ext.	_College Official	's Fax (Area/Coun	_) try/City Code	Number	Ext.			
① Is this applican	nt in good academic standing? O Yes	s O No									
② Is this applican	t eligible to return to your school?	Yes O No									
If you answered no to either or both questions, please attach a separate sheet of paper or use your written recommendation to provide details.											
	ant ever been found responsible for a applicant's probation, suspension, ren					nic misconduct o	r behavioral misc	onduct, that			
② To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime? ○ Yes ○ No											
If you answered yes to either or both questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.											
O 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											