



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	or name evently as it as	nears an official desuments	First/Cives	Middle (complete)	le d	***	
Last/Family/Sur (Ent	er name exactiy as it ap	pears on omicial documents.)	rirst/Given	Middle (complete)	Jr., ε	etc.	
Birth Date		C	AID (Common App ID)_				
	mm/dd/yyyy						
Address							
Number & Street	Apartment #	City/Town	County or Parish	State/Province	Country	ZIP/Postal Code	
College/university you now attend							
Current year courses—please inc appropriate semester line.	dicate title, level, and	credit value of all courses yo	ou are taking this year.	Indicate quarter classes tak	en in the same	semester on the	
First Semester/Quarter	Grade	Second Semester/Quarter	G	rade Third Quarter		Grad	
low many college credits have y	ou earned prior to this	s academic year?	How many college c	redits will you earn this aca	demic year?		
IMPORTANT PRIVACY NOTICE colleges to which I am applyin have questions about the information I waive my right to review	g for admission. I also mation submitted on	o authorize employees at the my behalf.	ese colleges to confiden	tially contact my current an			
counselors or teach	waive my right to rev	view my recommendations a recommendations on my be	and supporting documer	nts. I understand that my de			
I understand that my waiver o recommendation or applicatio		above pertains to all college	s to which I apply and t	hat my selections cannot be	changed after	any	
Required Signature				Date			
f you have access to the applican opies for readability). Use both polease complete the relevant port to the applicant's colleges after do	ages to complete your ion of this form, then f	evaluation for this student, a orward to the appropriate off	e complete this form in i and be sure to sign belo ficial for completion of the	its entirety. Attach the applic w. If you have access to the	applicant's aca	demic record only	
College Official's Name (Mr./Mrs./	/Ms./Dr.)						
6 N		Please print or type			Date		
						mm/dd/yyyy	
ïtle		College or University					
college or University Address							
	City/Town	State/Province		Country	ZIP/Postal (Code	

College Official's Fax (____)

Area/Country/City Code

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College or University CEEB/ACT Code _

College Official's Telephone (

Area/Country/City Code

Number

Ext.

College Official's E-mail

Ext.

Number

Background Information

Cumulative GPA:	on a scale,	covering a period	d from	to	m/vvvv)		School Seal	
	eighted O unweighted. The school's							
Highest GPA in cl	ass		Graduation da	ıte				
g				(mm/yyy	<i>y)</i>			
If you know this s	tudent, please indicate for how long	and in what cont	ext.					
-	tudent, what are the first words that							
		-						
naunys compa	red to other students in his or her cl	ass year, now do	you rate this s	student in terms o	Very good			One of the top few
				Good (above	(well above	Excellent	Outstanding	I've encountered
No basis	Academic achievement	Below average	Average	average)	average)	(top 10%)	(top 5%)	(top 1%)
	Extracurricular accomplishments							
	Personal qualities and character OVERALL							
Evaluation Plan	ase provide comments that will help	ue differentiate th	ic ctudopt from	n others. East free	to attack on a	Iditional about a	r another referen	100 VOII ³ VO
	ing only the questions pertaining to the				_			
College Official's I	Name (Mr./Mrs./Ms./Dr.)	Please	print or type					
Signature <u></u>							Date	
Title				College Official	'e F-mail			nm/dd/yyyy
TIUG				College Official	3 L-IIIaII			
College Official's	Telephone ()	Number	Ext.	College	Official's Fax(Area/Coun	try/City Code	Number	Ext.
① Is this applicar	at in good academic standing? ○ Ye	s O No						
② Is this applicar	t eligible to return to your school?	Yes O No						
If you answered n	o to either or both questions, please	attach a separat	e sheet of pape	er or use your wri	tten recommen	dation to provide	e details.	
	ant ever been found responsible for a applicant's probation, suspension, rer					nic misconduct o	r behavioral misc	conduct, that
_	edge, has the applicant ever been co		•	-		0		
If you answered y	es to either or both questions, pleasing the circumstances.						he approximate	date of each
•	f you would prefer to discuss thi	s applicant ove	r the phone v	with each admis	ssion office.			
	I recommend this student:	O No basis) With reserva	tion ○ Fairlv st	ronaly O Str	onaly O Enthu	ısiastically	

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