

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 or additional first/second term courses if more space is needed

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:

1. The institution does not save recommendations post-matriculation (see list at www.commonapp.org/FERPA).
2. 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