

TO THE APPLICANT

This form should be completed by a college official(s) who has access to your academic and disciplinary records. 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, advisor, or other college official who has access to your academic record and ask them to complete the academic portion of this form. **Step 3:** If the official completing the academic portion does not have access to your disciplinary record, please ask the individual to forward the form to a second official who can answer those questions before duplicating this form and mailing it to your colleges.

Legal Name _____
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 County or Parish State/Province Country ZIP/Postal Code

College/university you now attend _____ CEEB/ACT Code _____

Current year courses—please indicate title, level, and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.

| First Semester/Quarter (Fall Semester) | | Second Semester/Quarter (Winter Session-optional) | | Third Quarter (Spring Semester) | |
|--|-------|---|-------|---------------------------------|-------|
| Grade | | Grade | | Grade | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

How many college credits have you earned prior to this academic year? _____ How many college credits will you earn this academic year? _____

IMPORTANT PRIVACY NOTICE: By signing this form, I authorize every school that I have attended to release all requested records and recommendations to colleges to which I am applying for admission. I also authorize employees at these colleges to confidentially contact my current and former schools should they have questions about the information submitted on my behalf.

☐ I waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

☐ I DO NOT waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

- I have chosen not to waive my right to review my recommendations and supporting documents. I understand that my decision may lead my counselors or teachers to decline to write recommendations on my behalf. I also understand that my decision may lead colleges to disregard any recommendations submitted on my behalf.

I understand that my waiver or no waiver selection above pertains to all colleges to which I apply and that my selections cannot be changed after any recommendation or application submission.

Required Signature _____ Date _____

TO THE COLLEGE OFFICIAL

If you have access to the applicant's academic and disciplinary records, please complete this form in its entirety. If you have access to the applicant's academic record only, please complete the relevant portion of this form, then forward to the appropriate official for completion of the disciplinary questions, and ask that individual to mail the form to the applicant's colleges after completion. **Do not mail this form to The Common Application offices.**

College Official's Name (Mr./Mrs./Ms./Dr.) _____

Please print or type

Signature _____ Date _____
mm/dd/yyyy

Title _____ College or University _____

College or University Address _____
City/Town State/Province Country ZIP/Postal Code

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

College or University CEEB/ACT Code _____ College Official's E-mail _____
mm/dd/yyyy

Background Information

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/yyyy)

School Seal

If you know this student, please indicate for how long and in what context. _____

If you know this student, what are the first words that come to your mind to describe this student? _____

If you are completing only the questions pertaining to the applicant's disciplinary record, please provide the following information:

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

Signature  _____ Date _____
mm/dd/yyyy

Title _____ College Official's E-mail _____

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

① Is this applicant in good academic standing? ☐ Yes ☐ No

② Is this applicant eligible to return to your school? ☐ Yes ☐ 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.

① Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution? ☐ Yes ☐ No

If you answered yes, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.

☐ 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