Mock College Application—College Knowledge Activity

Objective: To make mentees aware of exactly what they need to do in high school in order to be a competitive candidate for college. Also to show them what a college application looks like, how much time and effort it takes to finish, and what colleges are specifically looking for in an applicant. By the end of this activity, mentees should have an idea of what they will need to do to apply for college and feel more prepared for it when they are actually going through the college application process.

List of Supplies

1. The Common App (attached)
2. Pens/pencils
3. Paper

Steps for the Activity

1. Talk to mentees about the college application. Ask them what they think colleges are going to look at when they are considering a student for entry.
2. Hand out the Common Application and explain that many colleges now use this online application which is standard all across the country.
3. Go through the App with the mentees, talking about the different aspects of it and answering any questions they may have.
4. Ask students what they could do in high school in order to fill in this application with good information. For example:
   - What kind of courses could you take to be a more competitive candidate?
   - What Merit groups could you join to put under the “Honors” section? When should you join them? How long should you be in them?
   - What extracurricular activities would you do in high school to put in the “Extracurricular Activities & Work Experiences” section? When should you start these? How long should you be in them? How far up in the group should you rise?
5. Talk to mentees about the college application essay. Discuss its importance, what it should probably be about, how it should be written, how long it should be, how much time should be devoted to it, and why it’s different from a school paper.
6. Ask mentees what they think they’d write about for their college essay. Right now these can be small or large ideas. Since they are younger than actual applicants, they probably don’t have a life-changing thing to write about yet. That’s okay. Just get them thinking about the idea and subject matter of the essay. Prompting questions may include:
   - What has been difficult in your life?
   - Have you ever had a problem that you overcame through your own ingenuity?
   - What is something that you’ve realized about yourself in the last few years?
   - What inspires you? What makes you angry?
   - What makes you unique from everyone else?
7. Work with mentees to write a short version of the college application essay until the end of class.

Adapted from: HL Kevin Niles, Fall 2012
2012-13 FIRST-YEAR APPLICATION
For Spring 2013 or Fall 2013 Enrollment

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

mm/dd/yyyy

Female Male

US Social Security Number, if any

Required for US Citizens and Permanent Residents applying for financial aid via FAFSA

Preferred Telephone

Home Cell Home

Cell

Area/Country/City Code

Area/Country/City Code

E-mail Address

IM Address

Permanent home address

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.

Current mailing address

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)

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? Yes No

What is the highest degree you intend to earn?

DEMOGRAPHICS

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

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**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

If you have children, how many? ______

<table>
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<tr>
<th>Last/Family/Sur</th>
<th>First/Given</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Parent 1**

[ ] Mother [ ] Father [ ] Unknown

Is Parent 1 living? [ ] Yes [ ] No (Date Deceased _________)

Later last name(s) __________________________ CEEB ________

Home address if different from yours __________________________ CEEB ________

Preferred Telephone: [ ] Home [ ] Cell [ ] Work (_______) ________________

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<tr>
<th>Area/Country/City Code</th>
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E-mail __________________________ CEEB ________

Occupation __________________________ CEEB ________

Employer __________________________ CEEB ________

College (if any) __________________________ CEEB ________

Degree __________________________ Year _________

Graduate School (if any) __________________________ CEEB ________

Degree __________________________ Year _________

**Legal Guardian** (if other than a parent)

Relationship to you __________________________ CEEB ________

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<th>Last/Family/Sur</th>
<th>First/Given</th>
<th>Middle</th>
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Home address if different from yours __________________________ CEEB ________

Preferred Telephone: [ ] Home [ ] Cell [ ] Work (_______) ________________

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<th>Area/Country/City Code</th>
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</table>

E-mail __________________________ CEEB ________

Occupation __________________________ CEEB ________

Employer __________________________ CEEB ________

College (if any) __________________________ CEEB ________

Degree __________________________ Year _________

Graduate School (if any) __________________________ CEEB ________

Degree __________________________ Year _________

**Sibling(s)**

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.

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<tr>
<th>Name</th>
<th>Age &amp; Grade</th>
<th>Relationship</th>
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**College Attended** __________________________ CEEB ________

Degree earned __________________________ Dates _________

or expected mm/yyyy – mm/yyyy

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<th>Name</th>
<th>Age &amp; Grade</th>
<th>Relationship</th>
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**College Attended** __________________________ CEEB ________

Degree earned __________________________ Dates _________

or expected mm/yyyy – mm/yyyy

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<tr>
<th>Name</th>
<th>Age &amp; Grade</th>
<th>Relationship</th>
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</thead>
</table>

**College Attended** __________________________ CEEB ________

Degree earned __________________________ Dates _________

or expected mm/yyyy – mm/yyyy
### Secondary Schools

Most recent secondary school attended

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<thead>
<tr>
<th>Entry Date</th>
<th>Graduation Date</th>
<th>School Type:</th>
<th>CEEB/ACT Code</th>
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<tr>
<td>mm/yyyy</td>
<td>mm/dd/yyyy</td>
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<tr>
<td>Address</td>
<td>CEEB/ACT Code</td>
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</tbody>
</table>

City/Town            State/Province  Country  ZIP/Postal Code

Counselor’s Name       Counselor’s Title

E-mail
Telephone (___)      Fax (___)

### List all other secondary schools you have attended since 9th grade, including academic summer schools or enrichment programs hosted on a secondary school campus:

<table>
<thead>
<tr>
<th>School Name &amp; CEEB/ACT Code</th>
<th>Location (City, State/Province, ZIP/Postal Code, Country)</th>
<th>Dates Attended (mm/yyyy)</th>
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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).

<table>
<thead>
<tr>
<th>College/University Name &amp; CEEB/ACT Code</th>
<th>Location (City, State/Province, ZIP/Postal Code, Country)</th>
<th>CO</th>
<th>HS</th>
<th>ON</th>
<th>CR</th>
<th>TR</th>
<th>DC</th>
<th>Dates Attended (mm/yyyy)</th>
<th>Degree Earned</th>
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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.

<table>
<thead>
<tr>
<th>Grades</th>
<th>Class Rank (if available)</th>
<th>Class Size</th>
<th>GPA (if available)</th>
<th>Scale</th>
<th>Weighted?</th>
<th>GPA</th>
<th>Weighted?</th>
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<tr>
<td>ACT</td>
<td>Exam Dates: (past &amp; future) mm/yyyy</td>
<td>mm/yyyy</td>
<td>mm/yyyy</td>
<td>Best Scores: (so far)</td>
<td>COMP</td>
<td>mm/yyyy</td>
<td>English</td>
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<tr>
<td>SAT</td>
<td>Exam Dates: (past &amp; future) mm/dd/yyyy</td>
<td>mm/dd/yyyy</td>
<td>mm/dd/yyyy</td>
<td>Best Scores: (so far)</td>
<td>Reading</td>
<td>mm/dd/yyyy</td>
<td>Science</td>
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<tr>
<td>TOEFL/IELTS</td>
<td>Exam Dates: (past &amp; future) mm/yyyy</td>
<td>mm/yyyy</td>
<td>mm/yyyy</td>
<td>Best Score: (so far)</td>
<td>Type &amp; Subject</td>
<td>mm/yyyy</td>
<td>Score</td>
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<tr>
<td>AP/IB/SAT Subjects</td>
<td>Best Scores: (per subject, so far) mm/yyyy</td>
<td>mm/yyyy</td>
<td>Type &amp; Subject</td>
<td>Score</td>
<td>mm/yyyy</td>
<td>Type &amp; Subject</td>
<td>Score</td>
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### 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.

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<tr>
<th>Full Year/First Semester/First Trimester</th>
<th>Second Semester/Second Trimester</th>
<th>Third Trimester</th>
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Honors  Briefly list any academic distinctions or honors you have received since the 9th grade or international equivalent (e.g., National Merit, Cum Laude Society).

<table>
<thead>
<tr>
<th>Grade level or post-graduate (PG)</th>
<th>Honor</th>
<th>Highest Level of Recognition</th>
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<td>PG</td>
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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.

<table>
<thead>
<tr>
<th>Grade level or post-graduate (PG)</th>
<th>Approximate time spent</th>
<th>When did you participate in the activity?</th>
<th>Positions held, honors won, letters earned, or employer</th>
<th>If applicable, do you plan to participate in college?</th>
</tr>
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<tbody>
<tr>
<td>9</td>
<td>Hours per week</td>
<td>School year</td>
<td>Summertime/ Break</td>
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<tr>
<td>10</td>
<td>Weeks per year</td>
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<td>11</td>
<td></td>
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<td>PG</td>
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Activity

Activity

Activity

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Activity
Please write a personal essay of 250 – 500 words on a topic of your choice or on one of the options listed below, and attach it to your application before submission. **Please indicate your topic by checking the appropriate box.** This personal essay helps us become acquainted with you as a person and student, apart from courses, grades, test scores, and other objective data. It will also demonstrate your ability to organize your thoughts and express yourself. **NOTE: Your Common Application essay should be the same for all colleges. Do not customize it in any way for individual colleges. Colleges that want customized essay responses will ask for them on a supplement form.**

- Evaluate a significant experience, achievement, risk you have faced, or ethical dilemma that you have faced and its impact on you.
- Discuss some issue of personal, local, national, or international concern and its importance to you.
- Indicate a person who has had a significant influence on you, and describe that influence.
- Describe a character in fiction, a historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
- A range of academic interests, personal perspectives, and life experiences adds much to the educational mix. Given your personal background, describe an experience that illustrates what you would bring to the diversity in a college community or an encounter that demonstrated the importance of diversity to you.
- Topic of your choice.

**Additional Information** Please attach a separate sheet if you wish to provide details of circumstances or qualifications not reflected in the application.

**Disciplinary History**

1. Have you ever been found responsible for a disciplinary violation at any educational institution you have attended 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 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

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*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.*

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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 ____________________________________________________________
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:

1. The institution does not save recommendations post-matriculation (see list at www.commonapp.org/FERPA).
2. 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 (_______) ___________________________ Area/Country/City Code Number Ext.
Teacher's E-mail ___________________________________________

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.).
______________________________________________________________________________________________

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### Ratings
Compared to other students in his or her class year, how do you rate this student in terms of:

<table>
<thead>
<tr>
<th>No basis</th>
<th>Below average</th>
<th>Average</th>
<th>Good (above average)</th>
<th>Very good (well above average)</th>
<th>Excellent (top 10%)</th>
<th>Outstanding (top 5%)</th>
<th>One of the top few I've encountered (top 1%)</th>
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<td>Academic achievement</td>
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<td>Intellectual promise</td>
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<td>Quality of writing</td>
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<td>Creative, original thought</td>
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<td>Productive class discussion</td>
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<td>Respect accorded by faculty</td>
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<td>Disciplined work habits</td>
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<td>Maturity</td>
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<td>Motivation</td>
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<td>Integrity</td>
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<td>Reaction to setbacks</td>
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<td>Concern for others</td>
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<td>Self-confidence</td>
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<td>Initiative, independence</td>
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<td>OVERALL</td>
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</table>

### 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 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** _________________________________________________________________________________________________________________ __

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 ___________________________________ __

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## 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:

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

**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:

<table>
<thead>
<tr>
<th>No basis</th>
<th>Below average</th>
<th>Average</th>
<th>Good (above average)</th>
<th>Very good (well above average)</th>
<th>Excellent (top 10%)</th>
<th>Outstanding (top 5%)</th>
<th>One of the top few I’ve encountered (top 1%)</th>
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</thead>
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<tr>
<td>Academic achievement</td>
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<td>Intellectual promise</td>
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<td>Quality of writing</td>
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<td>Creative, original thought</td>
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<td>Productive class discussion</td>
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<td>Respect accorded by faculty</td>
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<td>Disciplined work habits</td>
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<td>Maturity</td>
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<td>Motivation</td>
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<td>Leadership</td>
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<td>Integrity</td>
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<td>Reaction to setbacks</td>
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<td>Concern for others</td>
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<td>Self-confidence</td>
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<td>Initiative, independence</td>
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### 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 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**

Last/Family/Sur (Enter name exactly as it appears on official documents.)  First/Given  Middle (complete)  Jr., etc.

**Birth Date**  mm/dd/yyyy

**Address**

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

**School you now attend**

CEE/B/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.

<table>
<thead>
<tr>
<th>Full Year/First Semester/First Trimester</th>
<th>Second Semester/Second Trimester</th>
<th>Third Trimester or additional first/second term courses if more space is needed</th>
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</tbody>
</table>

**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.)

**Signature**

Date  mm/dd/yyyy

**Title**

**School Address**

Number & Street  City/Town  State/Province  Country  ZIP/Postal Code

**School Website Address**

**Counselor’s Telephone**

Area/Country/Code  Number  Ext.

**Counselor’s Fax**

Area/Country/Code  Number

**School CEE/B/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 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:

<table>
<thead>
<tr>
<th>No basis</th>
<th>Below average</th>
<th>Average</th>
<th>Good (above average)</th>
<th>Very good (well above average)</th>
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<td>Academic achievement</td>
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<td>Extracurricular accomplishments</td>
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<td>Personal qualities and character</td>
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<tr>
<td>OVERALL</td>
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</table>

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
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 ____________________________________________________________

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 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.) ________________________________________

Signature _________________________________________________________________________________________________  Date ________________

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 _______.

The rank is ☐ weighted ☐ unweighted. How many additional students share this rank?_________

☐ We do not rank. Instead, please indicate quartile _____  quintile _____  decile _____

This GPA is ☐ weighted ☐ unweighted. The school’s passing mark is ____________.

Highest GPA in class _____________________  Graduation Date ________________

(mm/dd/yyyy)

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

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

Last/Family/Sur (Enter name exactly as it appears on official documents.)

First/Given Middle (complete) Jr., etc.

Birth Date

mm/dd/yyyy

CAID (Common App ID)

Address

Number & Street

City/Town

State/Province

Country

ZIP/Postal Code

School you now attend

Number & Street

City/Town

State/Province

Country

ZIP/Postal Code

Cumulative GPA: _____ on a _____ scale, covering a period from _______ to ______.

Class Rank _______ Class Size _______ Covering a period from _______ to _______.

The rank is O weighted O unweighted.

How many additional students share this rank?______

O We do not rank. Instead, please indicate quartile _____ quintile _____ decile _____

Have there been any changes in the senior year courses listed on the original School Report? O Yes O No

Have there been any changes to the applicant’s disciplinary status at your school since you submitted the original School Report?

O Yes O No O 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?

O Yes O No O School policy prevents me from responding

Do you wish to update your original evaluation of this applicant? O Yes O No

If you responded yes to any of the preceding questions, please attach an explanation.

O Check here if you would prefer to discuss this applicant over the phone with each admission office.

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.)

Signature ☑

Please print or type

Date mm/dd/yyyy

Title ___________________ School ___________________

School Address

Number & Street

City/Town

State/Province

Country

ZIP/Postal Code

School you now attend

Number & Street City/Town State/Province Country ZIP/Postal Code

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 ___________________

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:

O 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.

O 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.

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 _______.

Highest GPA in class _______ Graduation Date _______.

Have there been any changes to the senior year courses listed on the original School Report? O Yes O No

Have there been any changes in the applicant’s disciplinary status at your school since you submitted the original School Report?

O Yes O No O 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?

O Yes O No O School policy prevents me from responding

Do you wish to update your original evaluation of this applicant? O Yes O No

If you responded yes to any of the preceding questions, please attach an explanation.

O Check here if you would prefer to discuss this applicant over the phone with each admission office.

© 2012 The Common Application, Inc.
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
Last/Family/Sur (Enter name exactly as it appears on official documents.)
First/Given
Middle (complete) Jr., etc.
Birth Date
mm/dd/yyyy
CAID (Common App ID)__________________________

Address
Number & Street
City/Town
State/Province
Country
ZIP/Postal Code

School you now attend
Number & Street
City/Town
State/Province
Country
ZIP/Postal Code

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 APPLICANT

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.) __________________________
Signature __________________________ Date mm/dd/yyyy
Title __________________________ School __________________________
School Address
Number & Street
City/Town
State/Province
Country
ZIP/Postal Code

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 _______.

The rank is ○ weighted ○ unweighted.
How many additional students share this rank? _______
○ We do not rank. Instead, please indicate quartile ____ quintile ____ decile _____.

This GPA is ○ weighted ○ unweighted. The school’s passing mark is _______.
Highest GPA in class _______ Graduation Date mm/dd/yyyy

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.