

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 ()
Area/Country/City Code

Cell ()
Area/Country/City Code

E-mail Address

IM Address

Permanent home address

Number & Street

Apartment #

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.

(from mm/dd/yyyy to mm/dd/yyyy)

Current mailing address

Number & Street

Apartment #

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

Decision Plan

Do you intend to apply for merit-based scholarships?

○ Yes ○ No

Academic Interests

Do you intend to be a full-time student?

○ Yes ○ No

Career Interest

Do you intend to enroll in a degree program your first year?

○ Yes ○ No

Do you intend to live in college housing?

What is the highest degree you intend to earn?

DEMOGRAPHICS

Citizenship Status

1. Are you Hispanic/Latino?

Non-US Citizenship(s)

○ Yes, Hispanic or Latino (including Spain) ○ No If yes, please describe your background.

Birthplace

City/Town

State/Province

Country

Years lived in the US? Years lived outside the US?

2. Regardless of your answer to the prior question, please indicate how you identify yourself. (Check one or more and describe your background.)

Language Proficiency (Check all that apply.)

S(Speak) R(Read) W(Write) F(First Language) H(Spoken at Home)

S	R	W	F	H
○	○	○	○	○
○	○	○	○	○
○	○	○	○	○

○ 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

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 _____) mm/yyyy

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? _____

Parent 1

Mother Father Unknown

Is Parent 1 living? Yes No (Date Deceased _____) mm/yyyy

Last/Family/Sur _____ First/Given _____ Middle _____
 Former last name(s) _____
 Country of birth _____
 Home address if different from yours _____

Preferred Telephone: Home Cell Work (_____) Area/Country/City Code

E-mail _____
 Occupation _____
 Employer _____
 College (if any) _____ CEEB _____
 Degree _____ Year _____
 Graduate School (if any) _____ CEEB _____
 Degree _____ Year _____

Legal Guardian (if other than a parent)

Relationship to you _____
 Last/Family/Sur _____ First/Given _____ Middle _____
 Country of birth _____
 Home address if different from yours _____

Preferred Telephone: Home Cell Work (_____) Area/Country/City Code

E-mail _____
 Occupation _____
 Employer _____
 College (if any) _____ CEEB _____
 Degree _____ Year _____
 Graduate School (if any) _____ CEEB _____
 Degree _____ Year _____

Parent 2

Mother Father Unknown

Is Parent 2 living? Yes No (Date Deceased _____) mm/yyyy

Last/Family/Sur _____ First/Given _____ Middle _____
 Former last name(s) _____
 Country of birth _____
 Home address if different from yours _____

Preferred Telephone: Home Cell Work (_____) Area/Country/City Code

E-mail _____
 Occupation _____
 Employer _____
 College (if any) _____ CEEB _____
 Degree _____ Year _____
 Graduate School (if any) _____ CEEB _____
 Degree _____ Year _____

Siblings

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.

Name	Age & Grade	Relationship
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College Attended _____ CEEB _____

Degree earned _____ Dates _____
 or expected mm/yyyy – mm/yyyy

Name	Age & Grade	Relationship
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College Attended _____ CEEB _____

Degree earned _____ Dates _____
 or expected mm/yyyy – mm/yyyy

Name	Age & Grade	Relationship
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College Attended _____ CEEB _____

Degree earned _____ Dates _____
 or expected mm/yyyy – mm/yyyy

EDUCATION

Secondary Schools

Most recent secondary school attended _____

Entry Date _____ Graduation Date _____ School Type: Public Charter Independent Religious Home School

mm/yyyy mm/dd/yyyy

Address _____ CEEB/ACT Code _____
Number & Street _____

City/Town _____

State/Province _____

Country _____

ZIP/Postal Code _____

Counselor's Name _____ Counselor's Title _____

E-mail _____ Telephone (_____) _____ Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number

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

School Name & CEEB/ACT Code _____ Location (City, State/Province, ZIP/Postal Code, Country) _____ Dates Attended (mm/yyyy) _____

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).

College/University Name & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	CO	HS	ON	CR	TR	DC	Dates Attended mm/yyyy ~ mm/yyyy	Degree Earned
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	

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.

Grades	Class Rank (if available)	Class Size	Weighted?	<input type="radio"/> Yes	<input type="radio"/> No	GPA (if available)	Scale	Weighted?	<input type="radio"/> Yes	<input type="radio"/> No	
ACT	Exam Dates: (past & future)	mm/yyyy	mm/yyyy	Best Scores: (so far)		COMP	mm/yyyy	English	mm/yyyy	Math	mm/yyyy
SAT	Exam Dates: (past & future)	mm/dd/yyyy	mm/dd/yyyy	Best Scores: (so far)		Critical Reading	mm/dd/yyyy	Math	mm/dd/yyyy	Writing	mm/dd/yyyy
TOEFL/ IELTS	Exam Dates: (past & future)	mm/yyyy	mm/yyyy	Best Score: (so far)		Test	Score	mm/yyyy			
AP/IB/SAT Subjects	Best Scores: (per subject, so far)	mm/yyyy	Type & Subject			Score	mm/yyyy	Type & Subject	Score		
	mm/yyyy	mm/yyyy	Type & Subject			Score	mm/yyyy	Type & Subject	Score		
	mm/yyyy	mm/yyyy	Type & Subject			Score	mm/yyyy	Type & Subject	Score		
	mm/yyyy	mm/yyyy	Type & Subject			Score	mm/yyyy	Type & Subject	Score		

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.

Full Year/First Semester/First Trimester

Second Semester/Second Trimester

Third Trimester

Indicate level and credit value if more space is needed

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).

S(School) S/R(State or Regional) N(National) I(International)

Grade level or post-graduate (PG)	Honor	Highest Level of Recognition
9 10 11 12 PG	S R N I	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

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.**

Grade level or post-graduate (PG)	Approximate time spent	When did you participate in the activity?	Positions held, honors won, letters earned, or employer	If applicable, do you plan to participate in college?
9 10 11 12 PG	Hours per week	Weeks per year	School year	Summer/School Break
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____	<input type="radio"/> <input type="radio"/>	_____ <input type="radio"/>

Activity _____

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

No basic	Academic achievement	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%)
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Productive class discussion							
	Respect accorded by faculty							
	Disciplined work habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Concern for others							
	Self-confidence							
	Initiative, independence							
	OVERALL							

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 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.

Female
 Male

Birth Date

mm/dd/yyyy

CAID (Common App ID)

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 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.)

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 ()

Area/Country/City Code

Number

Counselor's Fax ()

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 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 _____
(mm/yyyy) (mm/yyyy)

Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____
(mm/yyyy) (mm/yyyy)

The rank is weighted unweighted.

How many additional students share this rank? _____

This GPA is weighted unweighted. The school's passing mark is _____.

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

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

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.

Female
 Male

Birth Date

mm/dd/yyyy

CAID (Common App ID)

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

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.)

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 ()

Area/Country/City Code

Number

Counselor's Fax ()

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 _____.
_{(mm/yyyy) (mm/yyyy)}

The rank is weighted unweighted.

How many additional students share this rank? _____

This GPA is weighted unweighted. The school's passing mark is _____.

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

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.

WRITING

Please briefly elaborate on one of your extracurricular activities or work experiences in the space below.

Please write an 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.*

- ① Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
- ② Discuss some issue of personal, local, national, or international concern and its importance to you.
- ③ Indicate a person who has had a significant influence on you, and describe that influence.
- ④ 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.
- ⑤ 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.
- ⑥ 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

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.

