

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 _____ 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: 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:


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.

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 CEEB/ACT Code _____ Counselor's E-mail _____

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

School Website Address _____

Background Information If any of the information below has changed for this student since the original School 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 _____.
(mm/yyyy) (mm/yyyy) (mm/yyyy) (mm/yyyy)

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

How many additional students share this rank? _____ Highest GPA in class _____ Graduation Date _____
(mm/yyyy)

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

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.