COMMON APPLICATION
2005–2006

APPLICATION FOR UNDERGRADUATE ADMISSION

The members colleges and universities listed above fully support the use of this form. No distinction will be made between it and the college's own form. Please type or print in black ink.

Be sure to follow the instructions on the cover page of the Common Application booklet to complete, copy, and file your application with any one or several of the member colleges and universities.

OPTIONAL DECLARATION OF EARLY DECISION/EARLY ACTION

Complete this section ONLY for the individual college to which you are applying ED or EA. It is your responsibility to follow that college's instructions regarding early admission, including obtaining and submitting any ED/EA form provided by that college. Do NOT complete this ED/EA section on copies of your application submitted to colleges for Regular Decision or Rolling Admission.

PERSONAL DATA

Legal Name

Enter name exactly as it appears on passports or other official documents.

Last/Family

First

Middle (complete)

Jr., etc.

Gender

Nickname (choose only one)  

Former last name(s) if any

Are you applying as a ☐ freshman or ☐ transfer student?  

For the term beginning  

Birthdate

mm/dd/yyyy

E-mail Address

Permanent Home Address

Number and Street

City or Town

State/Province

Country

Zip Code or Postal Code

Area Code Number

Permanent Home Phone ( )

If different from above, please give your mailing address for all admission correspondence.

Mailing Address (from to )  

Number and Street

City or Town

State/Province

Country

Zip Code or Postal Code

Phone at mailing address ( )

City or Town

State/Province

Country

Cell phone ( )

Citizenship ☐ US citizen ☐ Dual US citizen; please specify other country of citizenship ☐ US Permanent Resident visa; citizen of ☐ Other Citizenship ☐ Country(s)

Visa type

If you are not a US citizen and live in the United States, how long have you been in the country?  

Possible area(s) of academic concentration/major(s)  

or undecided ☐

Special college or division if applicable

Possible career or professional plans  

Will you be a candidate for financial aid? ☐ Yes ☐ No

If yes, the appropriate form(s) was/will be filed on

The following items are optional. No information you provide will be used in a discriminatory manner.

Place of birth

City

State/Province

Country

Social Security Number (if any)

First language, if other than English  

Language spoken at home

If you wish to be identified with a particular ethnic group, please check all that apply

☐ African American, Black  

☐ Native American, Alaska Native (tribal affiliation enrolled) ☐ Asian American (countries of family’s origin) ☐ Asian, including Indian Subcontinent (countries) ☐ Hispanic, Latino (countries)  

☐ Mexican American, Chicano  

☐ Native Hawaiian, Pacific Islander  

☐ Puerto Rican  

☐ White or Caucasian  

☐ Other (specify)

2005–2006
EDUCATIONAL DATA

Secondary school you now attend (or from which you graduated) __________________________ Date of entry _________

Address __________________________ CEEB/ACT code __________________________

City or Town __________________________ State/Province __________________________
Country __________________________ Zip Code or Postal Code __________________________

Date of secondary graduation __________________________ Type of school ☐ public ☐ private ☐ parochial ☐ home school

Guidance Counselor’s Name Mr./Mrs./Ms __________________________ Counselor’s E-mail __________________________

Position __________________________ Phone ( ) _______ Fax ( ) _______

List all other secondary schools, including summer schools and programs you have attended beginning with ninth grade.

Name of School __________________________ Location (City, State/Province, Zip, Country) __________________________ Dates Attended __________________________

List all colleges/universities at which you have taken courses for credit; list names of courses taken and grades earned on a separate sheet. Please have an official transcript sent from each institution as soon as possible.

Name of College/University & CEEB/ACT Code __________________________ Location (City, State/Province, Zip, Country) __________________________ Degree Candidate? ☐ Dates Attended __________________________

☐ Not currently attending school ☐ Graduated from secondary school early.

Describe in detail, here or on a separate sheet, your activities since last enrolled.

TEST INFORMATION

Be sure to note the tests required for each institution to which you are applying. The official scores from the appropriate testing agency must be submitted to each institution as soon as possible. Please list your test plans below.

<table>
<thead>
<tr>
<th>Test</th>
<th>Date taken/to be taken</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>ACT</td>
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<tr>
<td>SAT I or SAT Reasoning Tests</td>
<td>Date taken/to be taken</td>
<td>Score</td>
</tr>
<tr>
<td>SAT II or Subject Tests</td>
<td>Date taken/to be taken</td>
<td>Score</td>
</tr>
<tr>
<td>Test of English as a second language (TOEFL or other exam)</td>
<td>Date taken/to be taken</td>
<td>Score</td>
</tr>
</tbody>
</table>

**EXTRACURRICULAR, PERSONAL, AND VOLUNTEER ACTIVITIES (including summer)**

Please list your principal extracurricular, community, and family activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. Check (✓) in the right column those activities you hope to pursue in college. 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>Activity</th>
<th>Grade level or post-secondary (PS)</th>
<th>Hours per week</th>
<th>Positions held, honors won, or letters earned</th>
<th>Do you plan to participate in college?</th>
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<td>9 10 11 12 PS</td>
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**ACADEMIC HONORS**

Briefly list or describe any scholastic distinctions or honors you have won since the ninth grade (e.g., National Merit, Cum Laude Society).
PERSONAL ESSAY
This personal statement helps us become acquainted with you in ways different from courses, grades, test scores, and other objective data. It will demonstrate your ability to organize thoughts and express yourself. We are looking for an essay that will help us know you better as a person and as a student. Please write an essay (250–500 words) on a topic of your choice or on one of the options listed below.

Please indicate your topic by checking the appropriate box below.

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, an 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.

Attach your essay on a separate sheet(s) (same size please). You must put your full name, date of birth, and name of secondary school on each sheet.

APPLICATION FEE PAYMENT
☐ Check/money order attached    ☐ Counselor-approved Fee Waiver attached

REQUIRED SIGNATURE  Your signature is required whether you are an ED, EA, EASC, or regular decision candidate. I certify that all information in my application, including my Personal Essay, is my own work, factually true, and honestly presented.

Signature _________________________ Date ____________

IF APPLYING VIA EARLY DECISION OR EARLY ACTION  (1) Complete the Optional ED/EA/EASC Declaration for your early application only. (2) Submit the college’s required ED/EA/EASC form, if any. (3) Understand that it is your responsibility to report any changes in your schedule to the colleges to which you are applying.

These colleges are committed to administering all educational policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, age, handicap, or gender.
TEACHER EVALUATION

The member colleges and universities listed above fully support the use of this form. No distinction will be made between it and the college's own form. Please type or print in black ink.

TO THE APPLICANT

Fill in the information below and give this form and a stamped envelope, addressed to each college to which you are applying that requests a Teacher Evaluation, to a teacher who has taught you an academic subject.

Birthdate ________________ Gender ____________ Social Security No. (Optional)

Student Name ____________________________ Last/Family __________ First ___________ Middle (complete) __________ Jr., etc.

Address _____________________________________________________________________________

Number and Street __________________ City or Town __________________ State/Province ______ Country __________ Zip Code or Postal Code __________

School you now attend __________________________________________________________________ CEEB/ACT code __ __ __ __ __

TO THE TEACHER

The Common Application group of colleges finds candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in whatever you think is important about the applicant's academic and personal qualifications for college.

Please submit your references promptly. A photocopy of this reference form, or another reference you may have prepared on behalf of this student, is acceptable. You are encouraged to keep the original of this form in your personal files for use should the student need additional recommendations. Please return it to the appropriate admission office(s) in the envelope(s) provided you by this student. We are grateful for your assistance. Be sure to sign below.

Teacher's Name Mr./Mrs./Ms ___________________________ Position _______________________

Secondary School ____________________________

School Address ______________________________________________________________________

Teacher’s Phone (_________ ) ________________________________ Teacher’s E-mail ____________

Area Code ___________ Number ___________ Ext. ___________

Signature __________________________________________ Date ____________

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? ____________________

List the courses you have taught this student, noting for each the student’s year in school (10th, 11th, 12th; first-year, sophomore; etc.) and the level of course difficulty (AP, accelerated, honors, IB, elective; 100-level, 200-level, etc.).

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________________________________________________________________________________
EVALUATION  Please write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate’s intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, concern for others, respect accorded by faculty, and reaction to setbacks. We welcome information that will help us to differentiate this student from others.

CONFIDENTIALITY  We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student’s file should the applicant matriculate at a member college. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files, which may include forms such as this one. Unless required by state law, colleges may not provide access to admission records to applicants, those students who are denied admission, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation. These colleges are committed to administer all educational policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, age, handicap, or gender.

RATINGS

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

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<tr>
<th>No basis</th>
<th>Below Average</th>
<th>Average</th>
<th>Good (above average)</th>
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TO THE APPLICANT

Fill in the information below and give this form and a stamped envelope, addressed to each college to which you are applying that requests a Teacher Evaluation, to a teacher who has taught you an academic subject.

The Common Application group of colleges finds candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in whatever you think is important about the applicant’s academic and personal qualifications for college.

Please submit your references promptly. A photocopy of this reference form, or another reference you may have prepared on behalf of this student, is acceptable. You are encouraged to keep the original of this form in your private files for use should the student need additional recommendations.

Please return it to the appropriate admission office(s) in the envelope(s) provided you by this student. We are grateful for your assistance.

Be sure to sign below.

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Please type or print in black ink.

TO THE APPLICANT

Birthdate __________________________ Gender __________________________ Social Security No. __________________________ (Optional)

Student Name __________________________ Last/Family First Middle (complete) Jr., etc.

Address __________________________ Number and Street __________________________ City or Town __________________________ State/Province __________________________ Country __________________________ Zip Code or Postal Code __________________________

School you now attend __________________________ CEEB/ACT code __________________________

TO THE TEACHER

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Please return it to the appropriate admission office(s) in the envelope(s) provided you by this student. We are grateful for your assistance. Be sure to sign below.

Teacher’s Name __________________________ Mr./Mrs./Ms __________________________ Position __________________________

Secondary School __________________________

School Address __________________________

Teacher’s Phone (_________________________ _______________) __________________________ Area Code __________________________ Number __________________________ Ext. __________________________

Teacher’s E-mail __________________________

Signature __________________________ Date __________________________

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? __________________________

List the courses you have taught this student, noting for each the student’s year in school (10th, 11th, 12th; first-year, sophomore; etc.) and the level of course difficulty (AP, accelerated, honors, IB, elective; 100-level, 200-level, etc.).

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EVALUATION
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TO THE APPLICANT

Birthdate Gender Social Security No.
mm/dd/yyyy (Optional)

Student Name
Last/Family First Middle (complete) Jr., etc.

Address
Number and Street City or Town State/Province Country Zip Code or Postal Code

Current year courses—please indicate title, level (AP, IB, advanced honors, etc.) and credit value of all courses you are taking this year.

<table>
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<tr>
<th>First Semester/Trimester</th>
<th>Second Semester/Trimester</th>
<th>Third Trimester</th>
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TO THE SECONDARY SCHOOL GUIDANCE COUNSELOR

After filling in the information below, give this form to your guidance counselor.

Class rank _______ in a class of _______, covering a period from _______ to _______.

The rank is [ ] weighted [ ] unweighted. How many students share this rank? _______

If a precise rank is not available, please indicate rank to the nearest tenth from the top _______.

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

This GPA is [ ] weighted [ ] unweighted. The school’s passing mark is _______.

Percentage of graduating class attending: _______ four-year _______ two-year institutions

S.S. graduation date _______.

Are classes taken on a block schedule?
[ ] yes [ ] no

If yes, in what year did block scheduling begin? _______.

In comparison with other college preparatory students at our school, the applicant’s course selection is

[ ] most demanding [ ] very demanding [ ] demanding [ ] average [ ] less than demanding

Counselor’s Name Mr./Mrs./Ms. _______.

Signature _______. Please print or type Date _______.

Position _______. School _______.

Counselor’s Address _______.

Counselor’s Phone _______. Area Code _______. Number _______. Ext. _______.

Counselor’s Fax _______. Area Code _______. Number _______.

Secondary School CEEB/ACT Code _______.

Counselor’s E-mail _______.

The member colleges and universities listed above fully support the use of this form. No distinction will be made between it and the college’s own form.

Please type or print in black ink.
EVALUATION Please write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, concern for others, respect accorded by faculty, and reaction to setbacks. We welcome information that will help us to differentiate this student from others.

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>
<th>Excellent (top 10%)</th>
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<th>One of the top few encountered in my career</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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<td>Creativity</td>
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I recommend this student: □ With reservation □ Fairly strongly □ Strongly □ Enthusiastically

CONFIDENTIALITY We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student’s file should the applicant matriculate at a member college. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files, which may include forms such as this one. Unless required by state law, colleges may not provide access to admission records to applicants, those students who are denied admission, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation. These colleges are committed to administer all educational policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, age, handicap, or gender.
# MIDYEAR REPORT

The member colleges and universities listed above fully support the use of this form. No distinction will be made between it and the college’s own form. Please type or print in black ink.

## TO THE APPLICANT

Check institutional instructions to see if your selected colleges require this form. After filling in the information below, give this form to your guidance counselor.

### Birthdate Gender Social Security No.

mm/dd/yyyy (Optional)

Student Name

Last/Family First Middle (complete) Jr., etc.

Address

Number and Street City or Town State/Province Country Zip Code or Postal Code

### TO THE SECONDARY SCHOOL GUIDANCE COUNSELOR

Please submit this form when midyear senior grades are available (end of first semester or second trimester). Please complete the grid below or, if you prefer, attach your own grade report form or a copy of the secondary school transcript. Feel free to provide additional comments about the candidate on the reverse of this form or on a separate sheet of paper. Be sure to sign below.

Where possible, please provide IB and A-level predictions, as well as the grades for the trimester or semester.

Indicate if marking period is first semester second trimester

<table>
<thead>
<tr>
<th>Course (include title and level)</th>
<th>Grade</th>
<th>Remarks</th>
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If available, please provide updated class rank or cumulative GPA through the senior fall semester/trimester.

Class rank _______ in a class of _______, covering a period from _______ to _______.

The rank is □ weighted □ unweighted. How many students share this rank? _______

If a precise rank is not available, please indicate rank to the nearest tenth from the top _______.

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

This GPA is □ weighted □ unweighted. The school’s passing mark is _______.

Have there been any substantial additions to or changes in this candidate’s academic or extracurricular record since your previous report? □ yes □ no

If yes, or if your recommendation for this student has changed since the School Report was submitted, please comment on reverse.

Counselor’s Name Mr./Mrs./Ms. ________

Signature ___________________________ Date __________

Position ___________________________ School ___________________________

Secondary School CEEB/ACT Code _______ _______ _______ _______
CONFIDENTIALITY  We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student’s file should the applicant matriculate at a member college. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files, which may include forms such as this one. Unless required by state law, colleges may not provide access to admission records to applicants, those students who are denied admission, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation. These colleges are committed to administer all educational policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, age, handicap, or gender.