

**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 Secondary School Report.

Legal name \_\_\_\_\_  Female  
 Male  
*Last/Family/Sur (Enter name exactly as it appears on official documents.)      First/Given      Middle (complete)      Jr., etc.*

Birth date \_\_\_\_\_ Social Security # \_\_\_\_\_  
*mm/dd/yyyy      (Optional)*

Address \_\_\_\_\_  
*Number & Street      Apartment #      City/Town      State/Province      Country      ZIP/Postal Code*

School you now attend \_\_\_\_\_ CEEB/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.

First Semester/Trimester	Second Semester/Trimester	Third Trimester <i>or additional first/second term courses if more space is needed</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 after matriculating, unless at least one of the following is true:

- The institution does not save recommendations post-matriculation (*see list at [www.commonapp.org/FERPA](http://www.commonapp.org/FERPA)*).
- 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.

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.**

Counselor's name (Mr./Ms./Dr., etc.) \_\_\_\_\_  
*Please print or type*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*mm/dd/yyyy*

Title \_\_\_\_\_ School \_\_\_\_\_

School address \_\_\_\_\_  
*City/Town      State/Province      Country      ZIP/Postal Code*

Counselor's phone (\_\_\_\_\_) \_\_\_\_\_ Counselor's fax (\_\_\_\_\_) \_\_\_\_\_  
*Area Code      Number      Ext.      Area Code      Number*

Secondary school CEEB/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 students share this rank? \_\_\_\_\_

We do not rank. Instead, please indicate 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

Are classes taken on a block schedule?  Yes  No

Is the applicant an IB Diploma candidate?  Yes  No

If you offer AP courses, do you limit the number a student can take?  Yes  No

How many AP courses does your school offer (in total)? \_\_\_\_\_

In comparison with other college preparatory students at your school, the applicant's course selection is:

- most demanding  
 very demanding  
 demanding  
 average  
 below average

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:

No basis	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%)
Academic achievement							
Extracurricular accomplishments							
Personal qualities and character							
OVERALL							

**Evaluation** Please write whatever you think is important about this student, including a description of academic, extracurricular, and personal characteristics. We welcome a broad-based assessment 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.)

① Has the applicant ever been found responsible for a disciplinary violation at your school from 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution?  Yes  No

② To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime?  Yes  No

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.

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