

## 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

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.**