

# UNIVERSAL

## college APPLICATION

## First-Year Admissions Application

*This form is developed for, and is to be used by, the members of the Universal College Application. All members evaluate this form equally with all other forms accepted by the institution. Please type or print neatly.*

College Name \_\_\_\_\_

☐ Regular Decision

☐ Early Decision

I am applying for the term beginning \_\_\_\_\_

☐ Restrictive Early Action

☐ Early Action

Possible Major \_\_\_\_\_

Possible Career Plans \_\_\_\_\_

### PAYMENT INFORMATION

Are you planning to apply for a counselor-approved fee waiver?

☐ Yes

☐ No

Are you applying for financial aid?

☐ Yes

☐ No

If you are applying for financial aid, when did/will you file the appropriate form(s) (FAFSA, CSS Profile, etc.)? \_\_\_\_\_

### PERSONAL INFORMATION

*Please enter your name as it appears on your passport or other official documents.*

Legal Name \_\_\_\_\_  
Last (Family) First Middle Suffix (Jr., Sr., etc.)

☐ Male

☐ Female

Preferred Name \_\_\_\_\_

Previous Last Name(s), if any \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Social Security Number (optional) \_\_\_\_\_  
(###-##-####)

Email \_\_\_\_\_

Marital Status \_\_\_\_\_  
(single, married, etc.)

### PERMANENT ADDRESS

Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Phone (\_\_\_\_\_) \_\_\_\_\_  
Begin with Area or Country Code

Alternate Phone (\_\_\_\_\_) \_\_\_\_\_  
Begin with Area or Country Code

*Please give your current address for all admission correspondence, if different from above.*

### CURRENT MAILING ADDRESS

Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Current Mailing Address Phone (\_\_\_\_\_) \_\_\_\_\_  
Begin with Area or Country Code

Current mailing address valid from \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

### CITIZENSHIP

Place of Birth \_\_\_\_\_  
City/Town State/Province Country

☐ US Citizen ☐ Dual US citizen; please specify other country of citizenship \_\_\_\_\_

☐ US permanent resident visa; citizen of \_\_\_\_\_ Alien registration number \_\_\_\_\_

☐ Other Citizenship \_\_\_\_\_  
Visa

If you live in the United States, but are not a U.S. citizen, how many years have you lived in the country? \_\_\_\_\_

If not English, language spoken in your home \_\_\_\_\_ If not English, list your first language \_\_\_\_\_

**ETHNICITY**

Race/Ethnicity information is optional. Information you provide will not be used in a discriminatory manner.

Are you Hispanic or Latino? ☐ Yes ☐ No (country of family's origin \_\_\_\_\_)

How would you describe your racial background? (select one or more of the following categories):

- ☐ Asian (country of family's origin \_\_\_\_\_) ☐ Native Hawaiian or Other Pacific Islander  
☐ Black or African American ☐ White  
☐ American Indian or Alaska Native (enrolled \_\_\_\_\_)  
Tribal affiliation \_\_\_\_\_)

**FAMILY INFORMATION****PARENT/GUARDIAN #1**

☐ Parent ☐ Guardian \_\_\_\_\_  
Title Last (Family) First Middle Suffix  
☐ Male ☐ Female Living? ☐ Yes ☐ No (Date Deceased \_\_\_\_\_)  
(mm/yyyy)

If different from yours

Address \_\_\_\_\_  
Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Phone (\_\_\_\_\_) \_\_\_\_\_  
Begin with Area or Country Code Email \_\_\_\_\_

Profession \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

College Attended (if any) \_\_\_\_\_ Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Graduate School Attended (if any) \_\_\_\_\_ Highest Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

**PARENT/GUARDIAN #2**

☐ Parent ☐ Guardian \_\_\_\_\_  
Title Last (Family) First Middle Suffix  
☐ Male ☐ Female Living? ☐ Yes ☐ No (Date Deceased \_\_\_\_\_)  
(mm/yyyy)

If different from yours

Address \_\_\_\_\_  
Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Phone (\_\_\_\_\_) \_\_\_\_\_  
Begin with Area or Country Code Email \_\_\_\_\_

Profession \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

College Attended (if any) \_\_\_\_\_ Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Graduate School Attended (if any) \_\_\_\_\_ Highest Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Your parents are \_\_\_\_\_ If divorced, list date \_\_\_\_\_  
(married, divorced, etc.) (mm/yyyy)

With whom do you reside? ☐ Both ☐ Parent/Guardian#1 ☐ Parent/Guardian#2 ☐ Other (Explain) \_\_\_\_\_

List names, genders, and ages of your siblings, college (if any), degree(s), and dates of attendance.

Name Gender Age Institution Degree(s) Dates

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## ACADEMIC INFORMATION

School \_\_\_\_\_ CEEB Code \_\_\_\_\_

Type of school: ☐ Public ☐ Private ☐ Correspondence ☐ Charter ☐ Parochial ☐ Home-School ☐ Other/Education Provider

School Address \_\_\_\_\_  
Number and Street

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Start Date \_\_\_\_\_ (mm/yyyy) Date of Graduation \_\_\_\_\_ (mm/yyyy)

Counselor's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Begin with Area or Country Code

Counselor's Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Begin with Area or Country Code

Are you currently enrolled in school? ☐ Yes ☐ No Will/did you graduate from High School early? ☐ Yes ☐ No

Did you receive a GED? ☐ Yes ☐ No If so, list date: \_\_\_\_\_ (mm/yyyy) (Please send official scores from testing agency)

*If your education has been interrupted, please detail your activities since last enrolled. Please attach your response to the end of the application.*

### CURRENT YEAR'S COURSES

*Please list name, level (Honors, AP, IB, etc.) and credit value of your current year's courses.*

Semester #1/Trimester #1	Semester #2/Trimester #2	Trimester #3
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*List all other high schools, colleges/universities (including summers), and academic programs you attended, beginning with ninth grade. You must submit transcripts from each school.*

### OTHER HIGH SCHOOLS

School Name	CEEB Code	Dates Attended	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### COLLEGES/UNIVERSITIES

School Name	CEEB Code	Dates Attended	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## AP/IB TEST SCORES

Please list any Advanced Placement or International Baccalaureate exams taken along with the test date and score.

Test Date	Subject	Score
Test Date	Subject	Score
Test Date	Subject	Score

Test Date	Subject	Score
Test Date	Subject	Score
Test Date	Subject	Score

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## STANDARDIZED TEST INFORMATION

List your test scores below. You must have the testing agency send official scores to each institution to which you are applying.

### SAT Reasoning

Test Date	Verbal/ Critical Reading	Math	Writing
Test Date	Verbal/ Critical Reading	Math	Writing

Test Date	Verbal/ Critical Reading	Math	Writing

### SAT Subject

Test Date	Subject	Score
Test Date	Subject	Score
Test Date	Subject	Score

Test Date	Subject	Score
Test Date	Subject	Score
Test Date	Subject	Score

### ACT

Test Date	English	Math	Reading	Science	Composite	Combination English/Writing
Test Date	English	Math	Reading	Science	Composite	Combination English/Writing
Test Date	English	Math	Reading	Science	Composite	Combination English/Writing

### Test of English as a Foreign Language (TOEFL or other exam)

Test Date	Subject	Score

Test Date	Subject	Score

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## ACADEMIC DISTINCTIONS

Please list any academic or educational awards and honors you received in high school (e.g. National Merit, National Honor Society).  
Please attach your response to the end of the application.

EXTRACURRICULAR AND VOLUNTEER INFORMATION (including summer)

Please list any significant extracurricular or community activities and hobbies in which you have participated. Include specific accomplishments such as musical accolades, athletic distinctions, etc. (Please note: "PG" means Post-Graduate)

Activity	Grade Level	Specific Accomplishments	Hours/ Week	Weeks/ Year	Will you participate in college?
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

EMPLOYMENT INFORMATION

List any work experience (including summer jobs) during the past three years.

Employer	Job Description	Dates of Employment	Hours per week

ACTIVITY DESCRIPTION

Tell us more about one of your extracurricular, volunteer, or employment activities (100-150 words). If you need more space, please attach your response to the end of the application.

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## PERSONAL STATEMENT

Please write an essay (650 words or fewer) that demonstrates your ability to develop and communicate your thoughts. Some ideas include: a person you admire; a life-changing experience; or your viewpoint on a particular current event. Please attach your response to the end of your application.

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## MULTIMEDIA INFORMATION

Optional: You may provide your selected college(s) with a link to any online content you feel:

1. Tells the college more about yourself 2. Demonstrates a particular talent you possess 3. Highlights an activity in which you participated

Some ideas include linking to an online video you created, a portfolio (pictures or photographs), a musical composition, or a newspaper article.

http:// \_\_\_\_\_

Please briefly describe the contents of the link you provided.

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## ADDITIONAL INFORMATION

If you have additional information that was not specifically requested on the application or did not fit in the space provided, feel free to include it here.

If you need more space, please attach your response to the end of the application.

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## DISCIPLINE INFORMATION

Have you ever been placed on probation, suspended, removed, dismissed or expelled from any school or academic program since 9th grade?

☐ Yes ☐ No

Other than traffic offenses, have you ever been convicted of any misdemeanor, felony, or other crime?

☐ Yes ☐ No

If you answered yes to either question, please provide an explanation and the approximate dates of each incident. Please attach your response to the end of the application.

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## AUTHORIZATION

Your signature below

1. authorizes all schools you attended to provide all requested records and allow review of your application for the admission process chosen on this application.

2. confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

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### APPLICANT INFORMATION

*Please complete the applicant information questions below, then give this recommendation form to an academic instructor. For ease of submission, please provide your instructor with a stamped envelope addressed to each of the Universal College Application colleges to which you are applying.*

*Please enter your name as it appears on your passport or other official documents.*

Legal Name \_\_\_\_\_ ☐ Male ☐ Female  
Last (Family) First Middle Suffix (Jr., Sr., etc.)

Date of Birth \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_  
(mm/dd/yyyy) (###-##-####)

Address \_\_\_\_\_  
Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Current School \_\_\_\_\_ CEEB Code \_\_\_\_\_

Privacy Notice: The Family Education Rights and Privacy Act (FERPA) allows you to have access to your evaluation after you matriculate unless one of the following occurs:

1. The college or university does not save evaluations after matriculation
2. You waive your access rights below

☐ Yes, I DO waive my rights to access this evaluation ☐ No, I DO NOT waive my rights to access this evaluation

My signature below authorizes all schools I attended to provide all requested records and allow review of my application for the admission process chosen on my application.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)

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### INSTRUCTOR INFORMATION

*The members of the Universal College Application are interested in your perspectives about the applicant's personal and academic capabilities for success in college. The information you provide will assist the member colleges with choosing applicants for admission. It is recommended you retain a copy of this form should the applicant require additional evaluations. You may forward copies of this form to other Universal College Application members. We are grateful for your time and assistance.*

Instructor's Name \_\_\_\_\_ Position \_\_\_\_\_

Instructor's Phone \_\_\_\_\_ Instructor's Email \_\_\_\_\_  
Begin with Area or Country Code

School \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address

City/Town State/Province Country Zip/Postal Code

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## BACKGROUND INFORMATION

For how long have you known this applicant and in what capacity?

Briefly describe your overall impression of this applicant.

List the courses you taught this applicant. Please include the course level of difficulty (honors, AP, IB, etc) and the year in which you taught the applicant (i.e., sophomore, junior, senior)

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## APPLICANT RATINGS

Please rate this applicant compared to other college-bound students in his or her class

(☐ I prefer not to participate in the applicant ratings section)

### ACADEMIC

	No Ability to Judge	Below Average	Average	Good	Very Good	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CHARACTER/ PERSONALITY TRAITS

	No Ability to Judge	Below Average	Average	Good	Very Good	Excellent	Outstanding
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership/Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## EVALUATION

Please evaluate this applicant and include your thoughts about academic and personal traits. We are particularly interested in information that will help to differentiate this applicant from others. Feel free to include a separate sheet with additional information, as appropriate.

Overall, I recommend this student for admission ☐ Not at all ☐ With reservations ☐ Fairly strongly ☐ Strongly ☐ Enthusiastically

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature of instructor \_\_\_\_\_

Date \_\_\_\_\_



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### APPLICANT INFORMATION

Please complete the applicant information questions below, then give this recommendation form to an academic instructor. For ease of submission, please provide your instructor with a stamped envelope addressed to each of the Universal College Application colleges to which you are applying.

Please enter your name as it appears on your passport or other official documents.

Legal Name \_\_\_\_\_ ☐ Male ☐ Female  
Last (Family) First Middle Suffix (Jr., Sr., etc.)

Date of Birth \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_  
(mm/dd/yyyy) (###-##-####)

Address \_\_\_\_\_  
Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Current School \_\_\_\_\_ CEEB Code \_\_\_\_\_

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1. The college or university does not save evaluations after matriculation
2. You waive your access rights below

☐ Yes, I DO waive my rights to access this evaluation ☐ No, I DO NOT waive my rights to access this evaluation

My signature below authorizes all schools I attended to provide all requested records and allow review of my application for the admission process chosen on my application.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)

### INSTRUCTOR INFORMATION

The members of the Universal College Application are interested in your perspectives about the applicant's personal and academic capabilities for success in college. The information you provide will assist the member colleges with choosing applicants for admission. It is recommended you retain a copy of this form should the applicant require additional evaluations. You may forward copies of this form to other Universal College Application members. We are grateful for your time and assistance.

Instructor's Name \_\_\_\_\_ Position \_\_\_\_\_

Instructor's Phone \_\_\_\_\_ Instructor's Email \_\_\_\_\_  
Begin with Area or Country Code

School \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address

City/Town State/Province Country Zip/Postal Code

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## BACKGROUND INFORMATION

For how long have you known this applicant and in what capacity?

Briefly describe your overall impression of this applicant.

List the courses you taught this applicant. Please include the course level of difficulty (honors, AP, IB, etc) and the year in which you taught the applicant (i.e., sophomore, junior, senior)

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## APPLICANT RATINGS

Please rate this applicant compared to other college-bound students in his or her class

(☐ I prefer not to participate in the applicant ratings section)

### ACADEMIC

	No Ability to Judge	Below Average	Average	Good	Very Good	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CHARACTER/ PERSONALITY TRAITS

	No Ability to Judge	Below Average	Average	Good	Very Good	Excellent	Outstanding
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership/Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## EVALUATION

Please evaluate this applicant and include your thoughts about academic and personal traits. We are particularly interested in information that will help to differentiate this applicant from others. Feel free to include a separate sheet with additional information, as appropriate.

Overall, I recommend this student for admission ☐ Not at all ☐ With reservations ☐ Fairly strongly ☐ Strongly ☐ Enthusiastically

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature of instructor \_\_\_\_\_

Date \_\_\_\_\_

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### APPLICANT INFORMATION

Please complete the applicant information questions below, then give this form to your school counselor. For ease of submission, please provide your counselor with a stamped envelope addressed to each of the Universal College Application colleges to which you are applying.

Please enter your name as it appears on your passport or other official documents.

Legal Name \_\_\_\_\_ ☐ Male ☐ Female  
Last (Family) First Middle Suffix (Jr., Sr., etc.)

Date of Birth \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_  
(mm/dd/yyyy) (###-##-####)

Address \_\_\_\_\_  
Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Current School \_\_\_\_\_ CEEB Code \_\_\_\_\_

Please list name, level (Honors, AP, IB, etc.) and credit value of your current year's courses.

Semester #1/Trimester #1	Semester #2/Trimester #2	Trimester #3
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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☐ Yes, I DO waive my rights to access this evaluation ☐ No, I DO NOT waive my rights to access this evaluation

My signature below authorizes all schools I attended to provide all requested records and allow review of my application for the admission process chosen on my application.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)

### COUNSELOR INFORMATION

Counselor's Name \_\_\_\_\_ Position \_\_\_\_\_

Counselor's Phone \_\_\_\_\_ Counselor's Email \_\_\_\_\_  
Begin with Area or Country Code

School \_\_\_\_\_ CEEB Code \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address

City/Town State/Province Country Zip/Postal Code

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## ACADEMIC INFORMATION

Please answer the questions below. Attach to this form an official transcript, including current courses, a school profile, and transcript legend.

Student's dates of attendance used to calculate class rank (if applicable) and cumulative grade point average \_\_\_\_\_ to \_\_\_\_\_  
(mm/yyyy) (mm/yyyy)

### CLASS RANK

Does your school rank students? ☐ Yes ☐ No If yes, what is the class rank of this student: \_\_\_\_\_ out of \_\_\_\_\_

Do any students share this rank? ☐ Yes ☐ No If so, how many? \_\_\_\_\_ Is the rank weighted? ☐ Yes ☐ No

### CUMULATIVE GPA

This student's GPA is \_\_\_\_\_ on a scale of \_\_\_\_\_ Is the GPA weighted? ☐ Yes ☐ No

Your school's passing grade is \_\_\_\_\_ Highest GPA in class \_\_\_\_\_ Graduation date \_\_\_\_\_  
(mm/yyyy)

### SCHOOL PROFILE

Link to School Profile (optional): http:// \_\_\_\_\_

Percentage of graduating class attending four-year institutions \_\_\_\_\_ two-year institutions \_\_\_\_\_

Does your school offer classes on a block schedule? ☐ Yes ☐ No If so, when did block scheduling begin? \_\_\_\_\_  
(mm/yyyy)

If AP tests are offered, do you limit the number of AP courses students can take? ☐ Yes ☐ No

In comparison with other college-bound students attending your school, the student's course selection is  
☐ Less than challenging ☐ Average ☐ Challenging ☐ Very challenging ☐ Most challenging

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## BACKGROUND INFORMATION

For how long have you known this applicant and in what capacity?

Briefly describe your overall impression of this applicant.

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## APPLICANT RATINGS

Please rate this student compared to other college-bound students in her or his class

(☐ I prefer not to participate in the applicant ratings section)

	No Ability to Judge	Below Average	Average	Good	Very Good	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## EVALUATION

Please attach your evaluation of this applicant to this form. Include your thoughts about academic and personal characteristics. Institutions are particularly interested in information that will help to differentiate this applicant from others.

Overall, I recommend this student for admission ☐ Not at all ☐ With reservations ☐ Fairly strongly ☐ Strongly ☐ Enthusiastically

Has the applicant ever been placed on probation, suspended, removed, dismissed or expelled from your school? ☐ Yes ☐ No

Has the applicant ever been convicted of any misdemeanor, felony, or other crime? ☐ Yes ☐ No

If you answered yes to either question, please provide an explanation and the approximate dates of each incident below.  
If necessary please attach your response to the end of this form.

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature of counselor \_\_\_\_\_ Date \_\_\_\_\_

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### APPLICANT INFORMATION

Please complete the applicant information questions below, then give this form to your school counselor. For ease of submission, please provide your counselor with a stamped envelope addressed to each of the Universal College Application colleges to which you are applying.

Please enter your name as it appears on your passport or other official documents.

Legal Name \_\_\_\_\_ ☐ Male ☐ Female  
Last (Family) First Middle Suffix (Jr., Sr., etc.)

Date of Birth \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_  
(mm/dd/yyyy) (###-##-####)

Address \_\_\_\_\_  
Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Current School \_\_\_\_\_ CEEB Code \_\_\_\_\_

Please list name, level (Honors, AP, IB, etc.) and credit value of your current year's courses.

Semester #1/Trimester #1	Semester #2/Trimester #2	Trimester #3
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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1. The college or university does not save evaluations after matriculation
2. You waive your access rights below

☐ Yes, I DO waive my rights to access this evaluation ☐ No, I DO NOT waive my rights to access this evaluation

My signature below authorizes all schools I attended to provide all requested records and allow review of my application for the admission process chosen on my application.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)

### COUNSELOR INFORMATION

Counselor's Name \_\_\_\_\_ Position \_\_\_\_\_

Counselor's Phone \_\_\_\_\_ Counselor's Email \_\_\_\_\_  
Begin with Area or Country Code

School \_\_\_\_\_ CEEB Code \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address

City/Town State/Province Country Zip/Postal Code

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## ACADEMIC INFORMATION

Please answer the questions below. Attach to this form an official transcript, including current courses, a school profile, and transcript legend.

Student's dates of attendance used to calculate class rank (if applicable) and cumulative grade point average \_\_\_\_\_ to \_\_\_\_\_  
(mm/yyyy) (mm/yyyy)

### CLASS RANK

Does your school rank students? ☐ Yes ☐ No If yes, what is the class rank of this student: \_\_\_\_\_ out of \_\_\_\_\_

Do any students share this rank? ☐ Yes ☐ No If so, how many? \_\_\_\_\_ Is the rank weighted? ☐ Yes ☐ No

### CUMULATIVE GPA

This student's GPA is \_\_\_\_\_ on a scale of \_\_\_\_\_ Is the GPA weighted? ☐ Yes ☐ No

Your school's passing grade is \_\_\_\_\_ Highest GPA in class \_\_\_\_\_ Graduation date \_\_\_\_\_  
(mm/yyyy)

### SCHOOL PROFILE

Link to School Profile (optional): http:// \_\_\_\_\_

Percentage of graduating class attending four-year institutions \_\_\_\_\_ two-year institutions \_\_\_\_\_

Does your school offer classes on a block schedule? ☐ Yes ☐ No If so, when did block scheduling begin? \_\_\_\_\_  
(mm/yyyy)

If AP tests are offered, do you limit the number of AP courses students can take? ☐ Yes ☐ No

In comparison with other college-bound students attending your school, the student's course selection is  
☐ Less than challenging ☐ Average ☐ Challenging ☐ Very challenging ☐ Most challenging

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## BACKGROUND INFORMATION

For how long have you known this applicant and in what capacity?

Briefly describe your overall impression of this applicant.

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## APPLICANT RATINGS

Please rate this student compared to other college-bound students in her or his class

(☐ I prefer not to participate in the applicant ratings section)

	No Ability to Judge	Below Average	Average	Good	Very Good	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## EVALUATION

Please attach your evaluation of this applicant to this form. Include your thoughts about academic and personal characteristics. Institutions are particularly interested in information that will help to differentiate this applicant from others.

Overall, I recommend this student for admission ☐ Not at all ☐ With reservations ☐ Fairly strongly ☐ Strongly ☐ Enthusiastically

Has the applicant ever been placed on probation, suspended, removed, dismissed or expelled from your school? ☐ Yes ☐ No

Has the applicant ever been convicted of any misdemeanor, felony, or other crime? ☐ Yes ☐ No

If you answered yes to either question, please provide an explanation and the approximate dates of each incident below.  
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Last (Family) First Middle Suffix (Jr., Sr., etc.)

Date of Birth \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_  
(mm/dd/yyyy) (###-##-####)

Address \_\_\_\_\_  
Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Current School \_\_\_\_\_ CEEB Code \_\_\_\_\_

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2. You waive your access rights below

☐ Yes, I DO waive my rights to access this evaluation ☐ No, I DO NOT waive my rights to access this evaluation

My signature below authorizes all schools I attended to provide all requested records and allow review of my application for the admission process chosen on my application.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

### COUNSELOR INFORMATION

Counselor's Name \_\_\_\_\_ Position \_\_\_\_\_

Counselor's Phone \_\_\_\_\_ Counselor's Email \_\_\_\_\_  
Begin with Area or Country Code

School \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address

City/Town State/Province Country Zip/Postal Code

Please list name, level (Honors, AP, IB, etc.) and credit value of your current year's courses. In addition, please attach to this form an official transcript, including current courses, a school profile, and transcript legend.

Semester #1/Trimester #1

Semester #2/Trimester #2

Trimester #3

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## ACADEMIC INFORMATION

If there have been any changes to your recommendation since you submitted the School Report, please indicate the changes in the sections below. If there have been no changes, you may skip the following sections. Please note, however, your signature is required at the bottom of this form.

Student's dates of attendance used to calculate class rank (if applicable) and cumulative grade point average \_\_\_\_\_ to \_\_\_\_\_  
(mm/yyyy) (mm/yyyy)

### CLASS RANK

Does your school rank students? ☐ Yes ☐ No If yes, what is the class rank of this student: \_\_\_\_\_ out of \_\_\_\_\_

Do any students share this rank? ☐ Yes ☐ No If so, how many? \_\_\_\_\_ Is the rank weighted? ☐ Yes ☐ No

### CUMULATIVE GPA

This student's GPA is \_\_\_\_\_ on a scale of \_\_\_\_\_ Is the GPA weighted? ☐ Yes ☐ No

Your school's passing grade is \_\_\_\_\_ Highest GPA in class \_\_\_\_\_ Graduation date \_\_\_\_\_  
(mm/yyyy)

### SCHOOL PROFILE

Link to School Profile (optional): http:// \_\_\_\_\_

Percentage of graduating class attending four-year institutions \_\_\_\_\_ two-year institutions \_\_\_\_\_

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## APPLICANT RATINGS

Please rate this student compared to other college-bound students in her or his class

(☐ I prefer not to participate in the applicant ratings section)

	No Ability to Judge	Below Average	Average	Good	Very Good	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## EVALUATION

Please attach your evaluation of this applicant to this form. Include your thoughts about academic and personal characteristics. Institutions are particularly interested in information that will help to differentiate this applicant from others. If there have not been any changes to your recommendation since you submitted the School Report, you may skip the following sections. Please note, however, your signature is required at the bottom of this form.

Overall, I recommend this student for admission ☐ Not at all ☐ With reservations ☐ Fairly strongly ☐ Strongly ☐ Enthusiastically

Has the applicant ever been placed on probation, suspended, removed, dismissed or expelled from your school? ☐ Yes ☐ No

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Last (Family) First Middle Suffix (Jr., Sr., etc.)

Date of Birth \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_  
(mm/dd/yyyy) (###-##-####)

Address \_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_  
City/Town State/Province Country Zip/Postal Code

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Counselor's Name \_\_\_\_\_ Position \_\_\_\_\_

Counselor's Phone \_\_\_\_\_ Counselor's Email \_\_\_\_\_  
Begin with Area or Country Code

School \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town State/Province Country Zip/Postal Code

Please list name, level (Honors, AP, IB, etc.) and credit value of your current year's courses. In addition, please attach to this form an official transcript, including current courses, a school profile, and transcript legend.

Semester #1/Trimester #1

Semester #2/Trimester #2

Trimester #3

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## ACADEMIC INFORMATION

If there have been any changes to your recommendation since you submitted the Midyear Report, please indicate the changes in the sections below. If there have been no changes, you may skip the following sections. Please note, however, your signature is required at the bottom of this form.

Student's dates of attendance used to calculate class rank (if applicable) and cumulative grade point average \_\_\_\_\_ to \_\_\_\_\_  
(mm/yyyy) (mm/yyyy)

### CLASS RANK

Does your school rank students? ☐ Yes ☐ No If yes, what is the class rank of this student \_\_\_\_\_ out of \_\_\_\_\_

Do any students share this rank? ☐ Yes ☐ No If so, how many? \_\_\_\_\_ Is the rank weighted? ☐ Yes ☐ No

### CUMULATIVE GPA

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Link to School Profile (optional): [http://\\_\\_\\_\\_\\_](http://_____)

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## APPLICANT RATINGS

Please rate this student compared to other college-bound students in her or his class

(☐ I prefer not to participate in the applicant ratings section)

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Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## EVALUATION

Please attach your evaluation of this applicant to this form. Include your thoughts about academic and personal characteristics. Institutions are particularly interested in information that will help to differentiate this applicant from others. If there have not been any changes to your recommendation since you submitted the Midyear Report, you may skip the following sections. Please note, however, your signature is required at the bottom of this form.

Overall, I recommend this student for admission ☐ Not at all ☐ With reservations ☐ Fairly strongly ☐ Strongly ☐ Enthusiastically

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