

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.

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 _____				Date of Birth _____
Last (Family)	First	Middle	Suffix (Jr., Sr., etc.)	(mm/dd/yyyy)
Legal Sex: <input type="checkbox"/> Male	Gender Identity (optional): <input type="checkbox"/> Man <input type="checkbox"/> Woman		Social Security Number (optional) _____	
<input type="checkbox"/> Female	<input type="checkbox"/> Self Identify _____		Not Printed on PDF (###-##-####)	
Address _____				
Street Address			Apt. #	

City/Town	State/Province	Country	Zip/Postal Code	

Current School _____	CEEB Code _____
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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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Privacy Notice: The Family Education Rights and Privacy Act (FERPA) allows you to have access to your recommendation 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

<input type="checkbox"/> Yes, I DO waive my rights to access this evaluation	<input type="checkbox"/> No, I DO NOT waive my rights to access this evaluation
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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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COUNSELOR INFORMATION

Counselor's Name _____	Position _____
Counselor's Phone _____ <small>Begin with Area or Country Code</small>	Counselor's Email _____
School _____	CEEB Code _____
School Address _____	
Street Address	

City/Town	State/Province
Country	Zip/Postal Code

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

BACKGROUND INFORMATION

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

Briefly describe your overall impression of this applicant.

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"/>

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

☐ 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 _____