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This form should be completed by a college official who has access to your academic and disciplinary records. Please follow these steps to ensure the form is completed accurately and in its entirety. Step 1: Complete all relevant questions below, including the signature of the student. Step 2: Give this form to your dean, advisor or other college official who has access to your academic record and ask them to place the information on this form in your file. Step 3: If the official completing the information does not have access to your disciplinary records, please ask the individual to forward the form to a school official who can answer those questions. After duplicating this form and mailing it to your colleges.

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

Birth Date \_\_\_\_\_ mm/dd/yyyy CAID (Common App ID) \_\_\_\_\_

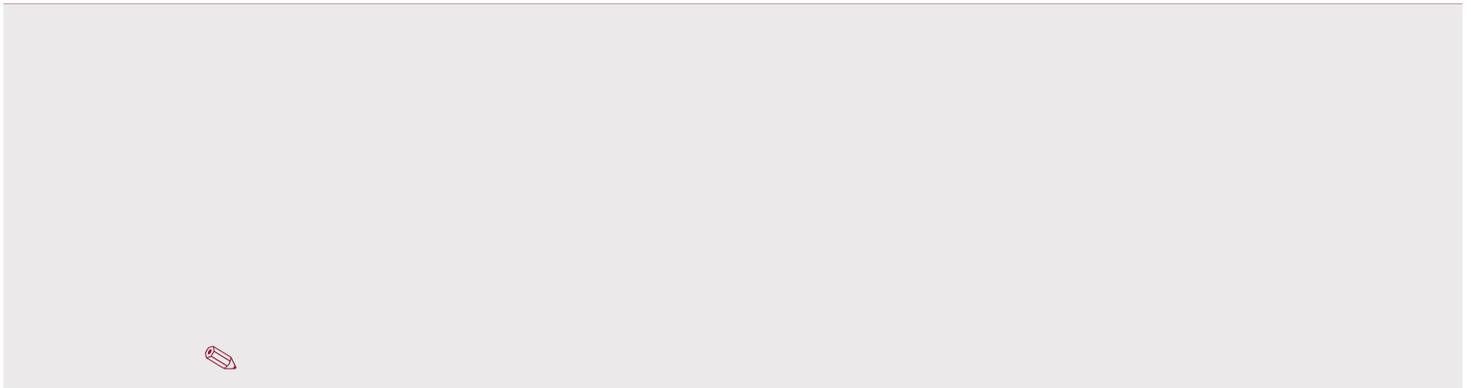
Address \_\_\_\_\_  
Number & Street Apartment # City/Town County or Parish State/Province County ZIP/Postal Code

College/university you now attend \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_

Current year courses—please indicate title, level, and credit value of all courses you are taking this year. Indicate quarter classes taken in the same appropriate semester line.

First Semester/Quarter	Grade	Second Semester/Quarter	Grade	Third Quarter	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How many college credits have you earned prior to this academic year? \_\_\_\_\_ How many college credits will you earn this academic year? \_\_\_\_\_



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If you have access to the applicant's academic and disciplinary records, please complete this form in its entirety. If you have access to the applicant's records only, please complete the relevant portion of this form, then forward to the appropriate official for completion of the disciplinary questions, and ask that the form be mailed to the applicant's colleges after completion. Do not mail this form to The Common Application offices.

College Official Name (Mr./Mrs./Ms./Dr.) \_\_\_\_\_  
Please print or type

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

Title \_\_\_\_\_ College or University \_\_\_\_\_

College or University Address \_\_\_\_\_  
City/Town State/Province Country ZIP/Postal Code

College Official's Telephone (\_\_\_\_\_) \_\_\_\_\_ College Official's Fax (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code Number Ext. Area/Country/City Code Number Ext.

College or University CEEB/ACT Code \_\_\_\_\_ College Official's E-mail \_\_\_\_\_  
mm/dd/yyyy

