

College Report

TO THE APPLICANT

This form should be completed by a college official(s) 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 statement. **Step 2:** Give this form to the Office of **Dean of Students** who has access to your academic record and ask them to complete the academic portion of this form.

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

Address _____
Number & Street *Apartment #* *City/Town* *County or Parish* *State/Province* *Country* *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 semester on the 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? _____

IMPORTANT PRIVACY NOTICE: By signing this form, I authorize every school that I have attended to release all requested records and recommendations to colleges to which I am applying for admission. I also authorize employees at these colleges to confidentially contact my current and former schools should they have questions about the information submitted on my behalf.

- 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.
- I have chosen not to waive my right to review my recommendations and supporting documents. I understand that my decision may lead my counselors or teachers to decline to write recommendations on my behalf. I also understand that my decision may lead colleges to disregard any recommendations submitted on my behalf.


I understand that my waiver or no waiver selection above pertains to all colleges to which I apply and that my selections cannot be changed after any recommendation or application submission.

Required Signature  _____ Date _____

TO THE COLLEGE OFFICIAL

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 academic record only, please complete the relevant portion of this form, then forward to the appropriate official for completion of the disciplinary questions, and ask that individual to mail the form to the applicant's colleges after completion.

College Official's 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

Background Information

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/yyyy)

School Seal

If you know this student, please indicate for how long and in what context. _____

If you know this student, what are the first words that come to your mind to describe this student? _____

If you are completing only the questions pertaining to the applicant's disciplinary record, please provide the following information:

College Official's Name (Mr./Mrs./Ms./Dr.) _____
Please print or type

Signature  _____ Date _____
mm/dd/yyyy

Title _____ College Official's E-mail _____

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

① Is this applicant in good academic standing? Yes No

② Is this applicant eligible to return to your school? Yes No

If you answered no to either or both questions, please attach a separate sheet of paper or use your written recommendation to provide details.

① Has the applicant ever been found responsible for a disciplinary violation at your school, 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

If you answered yes, 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