

**This form should be completed by a college official who has access to your academic disciplinary record.** 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 a dean, advisor, or other college official who has access to your academic record and ask them to complete the academic portion of this form. **Step 3:** If the official completing the academic portion does not have access to your disciplinary record, please ask the individual to forward the form to a second official who can answer those questions before 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 \_\_\_\_\_ CAID (Common App ID) \_\_\_\_\_  
mm/dd/yyyy

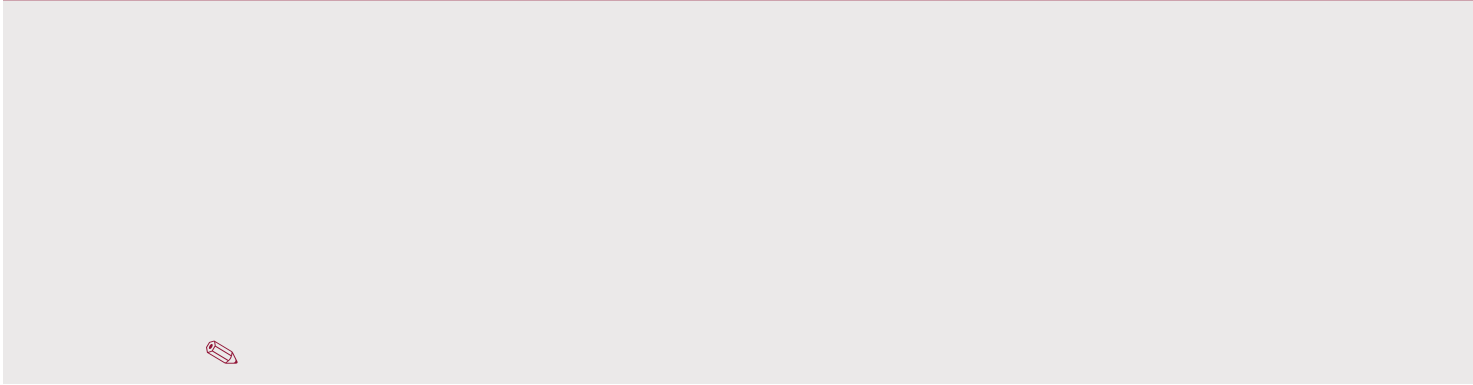
Address \_\_\_\_\_  
Number & Street Apartment # City/Town County or Parish State/Province Country ZIP/Postal Code

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? \_\_\_\_\_



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. **Do not mail this form to The Common Application office.**

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

