

TO THE APPLICANT

After completing all the relevant questions below, give this form to an instructor who has taught you a full-credit college class. If applying via mail, please also give that instructor stamped envelopes addressed to each institution that requires a Academic Evaluation.

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 or university you now attend _____ CEEB/ACT Code _____

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 INSTRUCTOR

The Common Application membership finds candid evaluations helpful in choosing from among highly qualified candidates. You are encouraged to keep this form in your private files for use should the student need additional recommendations. Please submit your references promptly, and remember to sign below before mailing directly to the college/university admission office. **Do not mail this form to The Common Application offices.**

Instructor's Name (Mr./Mrs./Ms./Dr.) _____ Subject Taught _____
Please print or type

Signature  _____ Date _____
mm/dd/yyyy

College or University _____

School Address _____
Number & Street City/Town State/Province Country ZIP/Postal Code

Instructor's Telephone (_____) _____ Instructor's E-mail _____
Area/Country/City Code Number Ext.

Background Information

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

List the courses you have taught this student, noting for each the student's year in school (first-year, sophomore, etc.) and the level of course difficulty (100-level, 200-level, etc.).

Ratings Compared to other students to whom you have taught this class, how do you rate this student in terms of:

		Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
No basis	Academic achievement							
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Productive class discussion							
	Respect accorded by faculty							
	Disciplined work habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Concern for others							
	Self-confidence							
	Initiative, independence							
	OVERALL							

Evaluation Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)