

## Student information

### Personal information

Legal name \_\_\_\_\_  
First/given Middle Last/family/sur (Enter name exactly as it appears on official documents.) Suffix

Different first name that you go by \_\_\_\_\_  
If you provide another first name, the colleges you send an application to may use it in future communications.

Former name(s) \_\_\_\_\_  
First/middle/last

Date of birth \_\_\_\_\_  
mm/dd/yyyy

### Contact information

Preferred phone  Home  Mobile \_\_\_\_\_  
Include area/country/city code

Alternate phone  Home  Mobile \_\_\_\_\_  
Include area/country/city code

Email address \_\_\_\_\_

Alternate mailing address \_\_\_\_\_

Permanent home address \_\_\_\_\_

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
Apartment number City/town

\_\_\_\_\_  
Apartment number City/town

\_\_\_\_\_  
County State/province

\_\_\_\_\_  
County State/province

\_\_\_\_\_  
Country ZIP/postal code

\_\_\_\_\_  
Country ZIP/postal code

From \_\_\_\_\_ To \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

## Demographics

**Gender** If another gender, please describe  Female  Male  Nonbinary  Another gender \_\_\_\_\_ **Legal sex**  Female  Male

**Pronouns** If another pronoun set, please list them  He/him  She/her  They/them  Other pronouns \_\_\_\_\_

**Citizenship status**  U.S. citizen or U.S. national  U.S. dual citizen  U.S. permanent resident  U.S. refugee or asylee  Citizen of non-U.S. country  
 DACA, undocumented, Deferred Enforced Departure, or Temporary Protected Status

Non-U.S. citizenship(s) \_\_\_\_\_

**Language proficiency (check all that apply)**

Currently held US visa type \_\_\_\_\_

F (first language) S (speak) R (read) W (write) H (spoken at home)

Date issued \_\_\_\_\_ Birthplace \_\_\_\_\_  
mm/dd/yyyy Country/region/territory

\_\_\_\_\_  
 F  S  R  W  H

\_\_\_\_\_  
City State/province

\_\_\_\_\_  
 F  S  R  W  H

Years lived in the US \_\_\_\_\_

\_\_\_\_\_  
 F  S  R  W  H

**Additional demographics** The questions in the additional demographics section are optional. Information you provide in this section is not used in a discriminatory manner.

If you previously served or are currently serving in the U.S. Armed Forces, what is your anticipated status at the time of enrollment?

Service start date \_\_\_\_\_  
mm/yyyy

\_\_\_\_\_  
Status/branch

Actual or projected service end date \_\_\_\_\_  
mm/yyyy

Are you Hispanic/Latino/a/x (including Spain)?  Yes  No If yes, please describe your background. \_\_\_\_\_

Regardless of your answer to the prior question, please indicate how you identify yourself and describe your background.  
(You may select one or more)

- American Indian or Alaska Native \_\_\_\_\_
- Are you enrolled in a federally recognized tribe?  Yes  No If yes, please enter Tribal Enrollment Number \_\_\_\_\_
- Asian (including Indian subcontinent and Philippines) \_\_\_\_\_
- Black or African American (including Africa and Caribbean) \_\_\_\_\_
- Native Hawaiian or other Pacific Islander \_\_\_\_\_
- White (including Middle East) \_\_\_\_\_

## Family

Please list both parents below, even if one or more is deceased or no longer has legal responsibilities for you. If you are a minor with a legal guardian, please include that information. You may list step-parents and/or other adults you live with, or who care for you, in the additional information section.

### Household

With whom do you make your permanent home?  Parent 1  Parent 2  Both parents  Legal guardian  Ward of the court/state  Other

Specify other living situation \_\_\_\_\_ If you have children, how many? \_\_\_\_\_

Parents' marital status (relative to each other)  Married  Separated  Divorced  Never married  Widowed  Civil union/domestic partners

**Parent 1**  Mother  Father

Is parent 1 living?  Yes  No Date deceased \_\_\_\_\_  
mm/yyyy

\_\_\_\_\_  
First/given name Middle

\_\_\_\_\_  
Last/family/surname Suffix

Former last/family/surname (if any) \_\_\_\_\_

Preferred phone  Home  Mobile  Other  Work

\_\_\_\_\_  
Include area/country/city code

Preferred email \_\_\_\_\_

Occupation (former, if retired) \_\_\_\_\_  
Occupation/Employer

College attended (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

College attended (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

**Parent 2**  Mother  Father  I do not have another parent to list

Is parent 2 living?  Yes  No Date deceased \_\_\_\_\_  
mm/yyyy

\_\_\_\_\_  
First/given name Middle

\_\_\_\_\_  
Last/family/surname Suffix

Former last/family/surname (if any) \_\_\_\_\_

Preferred phone  Home  Mobile  Other  Work

\_\_\_\_\_  
Include area/country/city code

Preferred email \_\_\_\_\_

Occupation (former, if retired) \_\_\_\_\_  
Occupation/Employer

College attended (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

College attended (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

### Legal guardian (if other than parent)

\_\_\_\_\_  
First/given name Middle Last/family/surname Suffix

Former last/family/surname (if any) \_\_\_\_\_ Relationship to you \_\_\_\_\_

Preferred phone  Home  Mobile  Other  Work Preferred email \_\_\_\_\_

\_\_\_\_\_  
Include area/country/city code Occupation (former, if retired) \_\_\_\_\_  
Occupation/Employer

College attended (if any) \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

College attended (if any) \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

**Siblings** Please list the names and ages of your siblings. If you have more than 3 siblings, you can use the additional information section.

Sibling 1 \_\_\_\_\_  
First/given name \_\_\_\_\_ Last/family/surname \_\_\_\_\_ Age \_\_\_\_\_

Sibling 2 \_\_\_\_\_  
First/given name \_\_\_\_\_ Last/family/surname \_\_\_\_\_ Age \_\_\_\_\_

Sibling 3 \_\_\_\_\_  
First/given name \_\_\_\_\_ Last/family/surname \_\_\_\_\_ Age \_\_\_\_\_

**Education**

**Secondary/high schools**

Current or most recent secondary/high school \_\_\_\_\_ CEEB code \_\_\_\_\_

Entry date \_\_\_\_\_ Graduation/exit date \_\_\_\_\_ Address \_\_\_\_\_  
mm/yyyy mm/yyyy Number and street

\_\_\_\_\_  
City/town \_\_\_\_\_ County \_\_\_\_\_ State/province \_\_\_\_\_

\_\_\_\_\_  
Country \_\_\_\_\_ ZIP/postal code \_\_\_\_\_

Please list any other secondary/high schools you have attended

School name	Location <small>City, state/province, ZIP/postal code, country</small>	Dates attended <small>mm/yyyy – mm/yyyy</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate if any of these options will have affected your progression through or since secondary/high school. Check all that apply and provide details in the additional information section.

- Did or will graduate early     Did or will graduate late     Did or will take time off     Did or will take gap year

List any community programs or organizations that have provided you with free assistance in your application process.

\_\_\_\_\_

**Colleges and universities**

List all colleges where you have taken coursework.

*Dual enrollment with high school (DE), Summer program (SP), Credit awarded directly by college (CR)*

College name	Location <small>City, state/province, ZIP/postal code, country</small>	DE	SP	CR	Dates attended <small>mm/yyyy – mm/yyyy</small>	Degree earned
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Grades**

Graduating class size (approx.) \_\_\_\_\_ Class rank reporting (if available) \_\_\_\_\_ GPA scale reporting \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ GPA weighting  Weighted  Unweighted

**Current or most recent year courses**

Please list all courses you are taking this year and include their subject and level (AP, IB, advanced, honors, etc.). If you are not currently enrolled, please list courses from your most recent academic year.

Full year/first semester/first trimester	Second semester/second trimester	Third trimester <small>or additional first/second term courses</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Full year/first semester/first trimester

Second semester/second trimester

Third trimester or additional first/second term courses

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Honors** The items in this section are optional. List any honors you have received related to your academic achievements beginning with the ninth grade or international equivalent.

Grade level or post-graduate (PG)	Honor	Level(s) of recognition			
		S (School)	S/R (State or regional)	N (National)	I (International)
9 10 11 12 PG <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Future plans** Career interest \_\_\_\_\_ Highest degree you intend to earn \_\_\_\_\_

**Testing**

In addition to sending official score reports as required by colleges, you have the option to self-report scores or future test dates for any of the following standardized tests: ACT, SAT/SAT Subject, AP, IB, TOEFL, PTE Academic, IELTS, and Senior Secondary Leaving Examinations.

**ACT** Exam dates \_\_\_\_\_ Highest scores \_\_\_\_\_  
 Past and future mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy Composite mm/dd/yyyy English mm/dd/yyyy Math mm/dd/yyyy  
 Reading mm/dd/yyyy Science mm/dd/yyyy

**SAT** Exam dates \_\_\_\_\_ Highest scores \_\_\_\_\_  
 Past and future mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy Evidence-based mm/dd/yyyy Math mm/dd/yyyy Combined mm/dd/yyyy  
 reading and writing essay

**AP/IB/SAT Subjects/Cambridge/Senior Secondary Leaving Examinations**

Highest scores	Score	Type and subject	Score	Type and subject	Score
Per subject, so far mm/yyyy	_____	_____	_____	_____	_____
mm/yyyy	_____	_____	_____	_____	_____
mm/yyyy	_____	_____	_____	_____	_____
mm/yyyy	_____	_____	_____	_____	_____

**TOEFL/IELTS/PTE/ Duolingo** Exam dates \_\_\_\_\_ Highest score \_\_\_\_\_  
 Past and future mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy Test Overall mm/dd/yyyy

## Activities

Reporting activities can help colleges better understand your life outside of the classroom. Examples of activities might include clubs, extracurriculars, family responsibilities, hobbies, work, or volunteering. List your activities in the order of their importance to you.

		Timing of participation			Participation grade levels					
		S (School year) B (School break) Y (All year)			9 10 11 12 PG					
<b>Activity 1</b>	Position/leadership _____	Hours per week _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization name _____		Weeks per year _____								
Description _____										
Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No										

<b>Activity 2</b>	Position/leadership _____	Hours per week _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization name _____		Weeks per year _____								
Description _____										
Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No										

<b>Activity 3</b>	Position/leadership _____	Hours per week _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization name _____		Weeks per year _____								
Description _____										
Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No										

<b>Activity 4</b>	Position/leadership _____	Hours per week _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization name _____		Weeks per year _____								
Description _____										
Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No										

<b>Activity 5</b>	Position/leadership _____	Hours per week _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization name _____		Weeks per year _____								
Description _____										
Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No										

<b>Activity 6</b>	Position/leadership _____	Hours per week _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization name _____		Weeks per year _____								
Description _____										
Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No										

Timing of participation  
S (School year) B (School break) Y (All year)

Participation grade levels  
9 10 11 12 PG  
PG (Post-graduate)

**Activity 7** Position/leadership \_\_\_\_\_ Hours per week \_\_\_\_\_

Organization name \_\_\_\_\_ Weeks per year \_\_\_\_\_

Description \_\_\_\_\_

Do you plan to participate in college?  Yes  No

**Activity 8** Position/leadership \_\_\_\_\_ Hours per week \_\_\_\_\_

Organization name \_\_\_\_\_ Weeks per year \_\_\_\_\_

Description \_\_\_\_\_

Do you plan to participate in college?  Yes  No

**Activity 9** Position/leadership \_\_\_\_\_ Hours per week \_\_\_\_\_

Organization name \_\_\_\_\_ Weeks per year \_\_\_\_\_

Description \_\_\_\_\_

Do you plan to participate in college?  Yes  No

**Activity 10** Position/leadership \_\_\_\_\_ Hours per week \_\_\_\_\_

Organization name \_\_\_\_\_ Weeks per year \_\_\_\_\_

Description \_\_\_\_\_

Do you plan to participate in college?  Yes  No

## Writing

### Personal essay

Some colleges require submission of the personal essay with your Common App. You may submit a personal essay to any college, even if it is not required by that college.

The essay demonstrates your ability to write clearly and concisely on a selected topic and helps you distinguish yourself in your own voice. What do you want the readers of your application to know about you apart from courses, grades, and test scores? Choose the option that best helps you answer that question and write an essay of no more than 650 words, using the prompt to inspire and structure your response. Remember: 650 words is your limit, not your goal. Use the full range if you need it, but don't feel obligated to do so. Please attach the essay on a separate sheet.

- Some students have a background, identity, interest, or talent that is so meaningful they believe their application would be incomplete without it. If this sounds like you, then please share your story.
- The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?
- Reflect on a time when you questioned or challenged a belief or idea. What prompted your thinking? What was the outcome?
- Reflect on something that someone has done for you that has made you happy or thankful in a surprising way. How has this gratitude affected or motivated you?
- Discuss an accomplishment, event, or realization that sparked a period of personal growth and a new understanding of yourself or others.
- Describe a topic, idea, or concept you find so engaging that it makes you lose all track of time. Why does it captivate you? What or who do you turn to when you want to learn more?
- Share an essay on any topic of your choice. It can be one you've already written, one that responds to a different prompt, or one of your own design.

## Additional information

- Community disruptions such as COVID-19 and natural disasters can have deep and long-lasting impacts. If you need it, this space is yours to describe those impacts. Colleges care about the effects on your health and well-being, safety, family circumstances, future plans, and education, including access to reliable technology and quiet study spaces. For more information, check out our COVID-19 FAQ. Please attach a separate sheet if you wish to share anything on this topic. Max word count: 250
- You have the option to provide details of circumstances or qualifications not reflected in the application. If you wish to do so, please attach a separate sheet with the details. Max word count: 650

## Signature

**Application fee payment** If this college requires an application fee, how will you pay it?  Online  By mail  Fee waiver request

## Signature

- I certify that all information submitted in the admission process – including this application and any other supporting materials – is my own work, factually true, and honestly presented, and that these documents will become the property of the institution to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree should the information I have certified be false.
- I agree to notify the institutions to which I am applying immediately should there be any change to the information requested in this application.
- I understand that once my application has been submitted it may not be altered in any way; I will need to contact the institution directly if I wish to provide additional information.
- I affirm that I will send an enrollment deposit (or equivalent) to only one institution; sending multiple deposits (or equivalent) may result in the withdrawal of my admission offers from all institutions. [Note: students may send an enrollment deposit (or equivalent) to a second institution where they have been admitted from the waitlist, provided that they inform the first institution that they will no longer be enrolling.]

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