

TO THE APPLICANT

After completing all the relevant questions below, give this form to instructors whose courses you are enrolled in at the time you file your application and ask them to provide a general indication of your performance, including your current grade and (if they wish) additional comments, and to sign and date the form. They should also provide the course title, number, and credits.

Legal name _____ Female
 Male
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.

Birth date _____ Social Security # _____
mm/dd/yyyy (Optional)

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


College or university you now attend _____ CEEB/ACT code _____

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf after matriculating, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (*see list at www.commonapp.org/FERPA*).
2. You waive your right to access below, regardless of the institution to which it is sent:






Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Signature  _____ Date _____

TO THE INSTRUCTOR

The Common Application membership finds it helpful to receive a general indication of how the student is performing in the courses he/she is currently enrolled in as they choose from among highly qualified candidates. **Be sure to sign below.**

Course title/Department _____	Course number _____	Credits _____
Current grade _____ Comments (optional) _____		
Professor's signature  _____	Date _____	
Course title/Department _____	Course number _____	Credits _____
Current grade _____ Comments (optional) _____		
Professor's signature  _____	Date _____	
Course title/Department _____	Course number _____	Credits _____
Current grade _____ Comments (optional) _____		
Professor's signature  _____	Date _____	
Course title/Department _____	Course number _____	Credits _____
Current grade _____ Comments (optional) _____		
Professor's signature  _____	Date _____	
Course title/Department _____	Course number _____	Credits _____
Current grade _____ Comments (optional) _____		
Professor's signature  _____	Date _____	