

This form is developed for, and is to be used by, the members of the Universal College Application. All members evaluate this form equally with all other forms accepted by the institution. Please type or print neatly.

APPLICANT INFORMATION

Please complete the applicant information questions below, then send this form to each of the Universal College Application colleges to which you are applying.

Please enter your name as it appears on your passport or other official documents.

Legal Name _____ Date of Birth _____
Last (Family) First Middle Suffix (Jr., Sr., etc.) (mm/dd/yyyy)

Legal Sex: Male X Female
 Gender Identity (optional): Man Woman Nonbinary Add another gender _____
 Pronouns: He/Him She/Her They/Them Add another pronoun set _____

Social Security Number (optional) _____
(###-##-####)

Address _____
Street Address Apt. #

_____ City/Town State/Province Country Zip/Postal Code

Email _____

Current School _____ CEEB Code _____

Optional information provided for the Athletic Supplement Height _____ Weight _____

AREAS OF ATHLETIC INTEREST

Please list any sports in which you have participated. Include grade levels in which you participated, events in which you competed or positions played, letters earned, and leadership positions held. Also, please provide the names of your coaches.

Athletic Interest	Grade Level	Position Played or Event	Letters Earned	Coach's Name
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	_____	<input type="checkbox"/> JV <input type="checkbox"/> Varsity <input type="checkbox"/> Captain	_____
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	_____	<input type="checkbox"/> JV <input type="checkbox"/> Varsity <input type="checkbox"/> Captain	_____
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	_____	<input type="checkbox"/> JV <input type="checkbox"/> Varsity <input type="checkbox"/> Captain	_____
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	_____	<input type="checkbox"/> JV <input type="checkbox"/> Varsity <input type="checkbox"/> Captain	_____
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	_____	<input type="checkbox"/> JV <input type="checkbox"/> Varsity <input type="checkbox"/> Captain	_____

Please list any specific accomplishments such as awards, records, or times.

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature _____ Date _____