

UNIVERSAL

college APPLICATION

College/University Report  
for Transfer Admission

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 give this form to a college official who has access to your collegiate record (i.e., Dean, College Registrar). For ease of submission, please provide the college official with a stamped envelope addressed 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

Last (Family)FirstMiddleSuffix (Jr., Sr., etc.)

Date of Birth

(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 AddressApt. #

City/TownState/ProvinceCountryZip/Postal Code

Please list name, level (introductory-level, upper-level, etc.) and credit value of your current year's courses.

Semester #1/Trimester #1	Semester #2/Trimester #2	Trimester #3

Privacy Notice: The Family Education Rights and Privacy Act (FERPA) allows you to have access to your recommendation after you matriculate unless one of the following occurs:

1. The college or university does not save evaluations after matriculation

2. You waive your access rights below

☐ Yes, I DO waive my rights to access this evaluation

☐ No, I DO NOT waive my rights to access this evaluation

My signature below authorizes all schools I attended to provide all requested records and allow review of my application for the admission process chosen on my application.

Signature of applicant

Date

(mm/dd/yyyy)

COLLEGE OFFICIAL'S INFORMATION

Official's Name

Position

Official's Phone

Official's Email

Begin with Area or Country Code

College/University

CEEB Code

College/University Address

Street Address

City/TownState/ProvinceCountryZip/Postal Code

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## ACADEMIC INFORMATION

Please answer the questions below. Attach to this form an official transcript, including current courses, a school profile, and transcript legend.

Student's dates of attendance used to calculate class rank (if applicable) and cumulative grade point average \_\_\_\_\_ to \_\_\_\_\_  
(mm/yyyy) (mm/yyyy)

### CLASS RANK

Does your institution rank students? ☐ Yes ☐ No If yes, what is the class rank of this student \_\_\_\_\_ out of \_\_\_\_\_

Do any students share this rank? ☐ Yes ☐ No If so, how many? \_\_\_\_\_ Is the rank weighted? ☐ Yes ☐ No

### CUMULATIVE GPA

This student's GPA is \_\_\_\_\_ on a scale of \_\_\_\_\_ Is the GPA weighted? ☐ Yes ☐ No

Your institution's passing grade is \_\_\_\_\_ Highest GPA in class \_\_\_\_\_ Graduation date \_\_\_\_\_  
(mm/yyyy)

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## BACKGROUND INFORMATION

For how long have you known this applicant and in what capacity?

Briefly describe your overall impression of this applicant.

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## APPLICANT RATINGS

Please rate this student compared to other students in their class

(☐ I prefer not to participate in the applicant ratings section)

	No Ability to Judge	Below Average	Average	Good	Very Good	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## EVALUATION

Please attach your evaluation of this applicant to this form. Include your thoughts about academic and personal characteristics. Institutions are particularly interested in information that will help to differentiate this applicant from others.

What are the applicant's reasons for transferring?

1. Is this applicant in good academic standing and eligible to return to your college/university? ☐ Yes ☐ No

2. Has the applicant ever been placed on probation, suspended, removed, dismissed or expelled from your school? ☐ Yes ☐ No

3. Has the applicant ever been convicted of any misdemeanor, felony, or other crime? ☐ Yes ☐ No

If you answered "yes" to either question two or three please provide an explanation and the approximate dates of each incident below. If necessary please attach your response to the end of this form.

Overall, I recommend this student for admission ☐ Not at all ☐ With reservations ☐ Fairly strongly ☐ Strongly ☐ Enthusiastically

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 of college official \_\_\_\_\_

Date \_\_\_\_\_