

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.

APPLICANT INFORMATION

Please complete the applicant information questions below, then give this form to your school counselor. For ease of submission, please provide your counselor 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 _____ Date of Birth _____
Last (Family) First Middle Suffix (Jr., Sr., etc.) (mm/dd/yyyy)

Legal Sex: Male Female Gender Identity (optional): Man Woman Self Identify _____ Social Security Number (optional) _____
(###-##-####)

Address _____
Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Current School _____ CEEB Code _____

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)

COUNSELOR INFORMATION

Counselor's Name _____ Position _____

Counselor's Phone _____ Counselor's Email _____
Begin with Area or Country Code

School _____

School Address _____
Street Address

City/Town State/Province Country Zip/Postal Code

Please list name, level (Honors, AP, IB, etc.) and credit value of your current year's courses. In addition, please attach to this form an official transcript, including current courses, a school profile, and transcript legend.

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

ACADEMIC INFORMATION

If there have been any changes to your recommendation since you submitted the School Report, please indicate the changes in the sections below. If there have been no changes, you may skip the following sections. Please note, however, your signature is required at the bottom of this form.

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 school 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 school's passing grade is _____ Highest GPA in class _____ Graduation date _____
(mm/yyyy)

SCHOOL PROFILE

Link to School Profile (optional): http:// _____

Percentage of graduating class attending four-year institutions _____ two-year institutions _____

Does your school offer classes on a block schedule? Yes No If so, when did block scheduling begin? _____
(mm/yyyy)

If AP tests are offered, do you limit the number of AP courses students can take? Yes No

In comparison with other college-bound students attending your school, the student's course selection is
 Less than challenging Average Challenging Very challenging Most challenging

APPLICANT RATINGS

Please rate this student compared to other college-bound students in her or his 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"/>

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. If there have not been any changes to your recommendation since you submitted the School Report, you may skip the following sections. Please note, however, your signature is required at the bottom of this form.

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

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

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

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

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 counselor _____

Date _____