

*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.*

College Name \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Regular Decision I       | <input type="checkbox"/> Early Decision I  |
| <input type="checkbox"/> Regular Decision II      | <input type="checkbox"/> Early Decision II |
| <input type="checkbox"/> Restrictive Early Action | <input type="checkbox"/> Early Action      |

I am applying for the term beginning \_\_\_\_\_

Possible Major \_\_\_\_\_

Possible Career Plans \_\_\_\_\_

**PAYMENT INFORMATION**

Are you planning to apply for a counselor-approved fee waiver?  Yes  No    Are you applying for financial aid?  Yes  No

If you are applying for financial aid, when did/will you file the appropriate form(s) (FAFSA, CSS Profile, etc.)? \_\_\_\_\_

**PERSONAL INFORMATION**

*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    Gender Identity (optional):  Man     Woman    Social Security Number (optional) \_\_\_\_\_  
 Female                       Self Identify \_\_\_\_\_  
(###-##-####)

Preferred Name \_\_\_\_\_ Previous Last Name(s), if any \_\_\_\_\_

Email \_\_\_\_\_ Marital Status \_\_\_\_\_  
(single, married, etc.)

**PERMANENT ADDRESS**

\_\_\_\_\_ Street Address                      Apt. #

\_\_\_\_\_ City/Town                      State/Province                      Country                      Zip/Postal Code

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Begin with Area or Country Code                      Begin with Area or Country Code

*Please give your current address for all admission correspondence, if different from above.*

**CURRENT MAILING ADDRESS**

\_\_\_\_\_ Street Address                      Apt. #

\_\_\_\_\_ City/Town                      State/Province                      Country                      Zip/Postal Code

Current Mailing Address Phone \_\_\_\_\_ Current mailing address valid from \_\_\_\_\_ to \_\_\_\_\_  
Begin with Area or Country Code                      (mm/dd/yyyy)                      (mm/dd/yyyy)

**CITIZENSHIP**

Place of Birth \_\_\_\_\_  
City/Town                      State/Province                      Country

US Citizen     Dual US citizen; please specify other country of citizenship \_\_\_\_\_

US permanent resident visa; citizen of \_\_\_\_\_ Alien registration number \_\_\_\_\_

Other Citizenship \_\_\_\_\_  
Visa

If you live in the United States, but are not a U.S. citizen, how many years have you lived in the country? \_\_\_\_\_

If not English, language spoken in your home \_\_\_\_\_ If not English, list your first language \_\_\_\_\_

**ETHNICITY**

Race/Ethnicity information is optional. Information you provide will not be used in a discriminatory manner.

Are you Hispanic or Latino?  Yes  No (country of family's origin \_\_\_\_\_)

How would you describe your racial background? (select one or more of the following categories):

- Asian (country of family's origin \_\_\_\_\_)
- Black or African American
- American Indian or Alaska Native (enrolled \_\_\_\_\_  
Tribal affiliation \_\_\_\_\_)
- Native Hawaiian or Other Pacific Islander
- White

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**FAMILY INFORMATION**

**PARENT/GUARDIAN #1**

Parent  Guardian \_\_\_\_\_

	Title	Last (Family)	First	Middle	Suffix
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Male  Female Living?  Yes  No (Date Deceased \_\_\_\_\_ (mm/yyyy))

*If different from yours*

Address \_\_\_\_\_

Street Address	Apt. #
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City/Town	State/Province	Country	Zip / Postal Code
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Phone \_\_\_\_\_ Email \_\_\_\_\_  
Begin with Area or Country Code

Profession \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

College Attended (if any) \_\_\_\_\_ Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Graduate School Attended (if any) \_\_\_\_\_ Highest Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

**PARENT/GUARDIAN #2**

Parent  Guardian \_\_\_\_\_

	Title	Last (Family)	First	Middle	Suffix
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Male  Female Living?  Yes  No (Date Deceased \_\_\_\_\_ (mm/yyyy))

*If different from yours*

Address \_\_\_\_\_

Street Address	Apt. #
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City/Town	State/Province	Country	Zip / Postal Code
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Phone \_\_\_\_\_ Email \_\_\_\_\_  
Begin with Area or Country Code

Profession \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

College Attended (if any) \_\_\_\_\_ Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Graduate School Attended (if any) \_\_\_\_\_ Highest Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Your parents are \_\_\_\_\_ If divorced, list date \_\_\_\_\_  
(married, divorced, etc.) (mm/yyyy)

With whom do you reside?  Both  Parent/Guardian#1  Parent/Guardian#2  Other (Explain) \_\_\_\_\_

List names, legal sex, and ages of your siblings, college (if any), degree(s), and dates of attendance.

Name	Legal Sex	Age	Institution	Degree(s)	Dates

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## ACADEMIC INFORMATION

School \_\_\_\_\_ CEEB Code \_\_\_\_\_

Type of school:  Public  Private  Correspondence  Charter  Parochial  Home-School  Other/Education Provider

School Address \_\_\_\_\_  
Number and Street

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Start Date \_\_\_\_\_ (mm/yyyy) Date of Graduation \_\_\_\_\_ (mm/yyyy)

Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Begin with Area or Country Code

Counselor's Email \_\_\_\_\_ Fax \_\_\_\_\_  
Begin with Area or Country Code

Are you currently enrolled in school?  Yes  No Will/did you graduate from High School early?  Yes  No

Did you receive a GED?  Yes  No If so, list date: \_\_\_\_\_ (mm/yyyy) (Please send official scores from testing agency)

*If your education has been interrupted, please detail your activities since last enrolled. Please attach your response to the end of the application.*

### CURRENT YEAR'S COURSES

*Please list name, level (Honors, AP, IB, etc.) and credit value of your current year's courses.*

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

*List all other high schools, colleges/universities (including summers), and academic programs you attended, beginning with ninth grade. You must submit transcripts from each school.*

### OTHER HIGH SCHOOLS

School Name	CEEB Code	Dates Attended	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### COLLEGES/UNIVERSITIES

School Name	CEEB Code	Dates Attended	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## AP/IB TEST SCORES

Please list any Advanced Placement or International Baccalaureate exams taken along with the test date and score.

Test Date	Subject	Score	Test Date	Subject	Score

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## STANDARDIZED TEST INFORMATION

List your test scores below. You must have the testing agency send official scores to each institution to which you are applying.

### SAT Reasoning

Test Date	Evidence Based Reading & Writing	Math	Optional Essay	Test Date	Evidence Based Reading & Writing	Math	Optional Essay

### SAT Subject

Test Date	Subject	Score	Test Date	Subject	Score

### ACT

Test Date	English	Math	Reading	Science	Composite	Optional Essay

### Test of English as a Foreign Language (TOEFL or other exam)

Test Date	Subject	Score	Test Date	Subject	Score

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## ACADEMIC DISTINCTIONS

Please list any academic or educational awards and honors you received in high school (e.g. National Merit, National Honor Society). Please attach your response to the end of the application.

## EXTRACURRICULAR AND VOLUNTEER INFORMATION (including summer)

Please list any significant extracurricular or community activities and hobbies in which you have participated. Include specific accomplishments such as musical accolades, athletic distinctions, etc. (Please note: "PG" means Post-Graduate)

Activity	Grade Level	Specific Accomplishments	Hours/ Week	Weeks/ Year	Will you participate in college?
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

## EMPLOYMENT INFORMATION

List any work experience (including summer jobs) during the past three years.

Employer	Job Description	Dates of Employment	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Are you a (check all that apply)  Veteran  Dependant of US Veteran  Active US Military  National Guard or Active Reserve
- If you are/were a part of the military, which branch (check all that apply)  Army  Navy  Air Force  Marines  Coast Guard
- Are you planning to use Veteran Education Benefits?  Yes  No
- Were you honorably discharged from a branch of the US Military?  Yes  No (if no, please explain in additional information section)

## ACTIVITY DESCRIPTION

Tell us more about one of your extracurricular, volunteer, or employment activities (100-150 words). If you need more space, please attach your response to the end of the application.

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## PERSONAL STATEMENT

Please write an essay (650 words or fewer) that demonstrates your ability to develop and communicate your thoughts. Some ideas include: a person you admire; a life-changing experience; or your viewpoint on a particular current event. Please attach your response to the end of your application.

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## MULTIMEDIA INFORMATION

Optional: You may provide your selected college(s) with a link to any online content you feel:

1. Tells the college more about yourself 2. Demonstrates a particular talent you possess 3. Highlights an activity in which you participated

Some ideas include linking to an online video you created, a portfolio (pictures or photographs), a musical composition, or a newspaper article.

http:// \_\_\_\_\_

Please briefly describe the contents of the link you provided.

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## ADDITIONAL INFORMATION

If you have additional information that was not specifically requested on the application or did not fit in the space provided, feel free to include it here. If you need more space, please attach your response to the end of the application.

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## DISCIPLINE INFORMATION

Have you ever been placed on probation, suspended, removed, dismissed or expelled from any school or academic program since 9th grade?  Yes  No

Other than traffic offenses, have you 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. Please attach your response to the end of the application.

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## AUTHORIZATION

Your signature below

1. authorizes all schools you attended to provide all requested records and allow review of your application for the admission process chosen on this application.

2. confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_