

APPLICANT

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

Preferred name, if not first name (choose only one) _____
Former last name(s), if any _____

Birth date _____ Female Male US Social Security Number, if any _____
mm/dd/yyyy *Optional, unless applying for US Federal financial aid with the FAFSA form*

E-mail address _____ IM address _____

Permanent home address _____
Number & Street *Apartment #*

_____ *City/Town* *State/Province* *Country* *ZIP/Postal Code*

Permanent home phone (_____) _____
Area Code *Area Code*

If different from above, please give your current mailing address for all admission correspondence.

Current mailing address _____
Number & Street *Apartment #*

_____ *City/Town* *State/Province* *Country* *ZIP/Postal Code*

If your current mailing address is a boarding school, include name of school here: _____

Phone at current mailing address (_____) _____ (from _____ to _____)
Area Code *(mm/dd/yyyy)* *(mm/dd/yyyy)*

FUTURE PLANS

Your answers to these questions will vary for different colleges. If the online system did not ask you to answer some of the questions you see in this section, this college chose not to ask that question of its applicants.

College: _____ Deadline: _____
mm/dd/yyyy

Entry Term: Fall (Jul-Dec) Spring (Jan-Jun)

Decision Plan: Regular Decision Rolling Admission Do you intend to apply for need-based financial aid? Yes No

Early Decision Early Decision II Do you intend to apply for merit-based scholarships? Yes No

Early Action Early Action II Do you intend to be a full-time student? Yes No

Restrictive Early Action Early Admission Do you intend to enroll in a degree program your first year? Yes No

juniors only Academic Interests: _____

Career Interest: _____

DEMOGRAPHICS

- US citizen
- Dual US citizen
- US permanent resident visa (Alien registration # _____)
- Other citizenship (Visa type _____)

List any non-US countries of citizenship _____

How many years have you lived in the United States? _____

Place of birth _____
City/Town *State/Province* *Country*

First language _____

Primary language spoken at home _____

Optional The items with a gray background are optional. No information you provide will be used in a discriminatory manner.

Marital status: _____

US Armed Services veteran? Yes No

1. Are you Hispanic/Latino?
 Yes, Hispanic or Latino (including Spain) No

Please describe your background _____

2. Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:

American Indian or Alaska Native (including all Original Peoples of the Americas)

Are you Enrolled? Yes No If yes, please enter Tribal Enrollment Number _____

Please describe your background _____

Asian (including Indian subcontinent and Philippines)

Please describe your background _____

Black or African American (including Africa and Caribbean)

Please describe your background _____

Native Hawaiian or Other Pacific Islander (Original Peoples)

Please describe your background _____

White (including Middle Eastern)

Please describe your background _____

FAMILY

Please list both parents below, even if one or more is deceased or no longer has legal responsibilities toward you. Many colleges collect this information for demographic purposes even if you are an adult or an emancipated minor. If you are a minor with a legal guardian (an individual or government entity), then please list that information below as well. If you wish, you may list step-parents and/or other adults with whom you reside, or who otherwise care for you, in the Additional Information section **online**, or on an attached sheet **if applying via mail**.

Household

Parents' Marital Status (relative to each other): Never married Married Widowed Separated Divorced (date _____)

With whom do you make your permanent home? Parent 1 Parent 2 Both Legal Guardian Ward of the Court/State Other mm/yyyy

Parent 1: Mother Father Unknown

Parent 2: Mother Father Unknown

Is Parent 1 living? Yes No (Date deceased _____)
mm/yyyy

Is Parent 2 living? Yes No (Date deceased _____)
mm/yyyy

Last/Family/Sur First/Given Middle Title (Mr./Ms./Dr., etc.)

Last/Family/Sur First/Given Middle Title (Mr./Ms./Dr., etc.)

Country of birth _____

Country of birth _____

Home address **if different** from yours

Home address **if different** from yours

Home phone (_____) _____
Area Code

Home phone (_____) _____
Area Code

E-mail _____

E-mail _____

Occupation _____

Occupation _____

Name of employer _____

Name of employer _____

College (if any) _____

College (if any) _____

Degree _____ Year _____

Degree _____ Year _____

Graduate school (if any) _____

Graduate school (if any) _____

Degree _____ Year _____

Degree _____ Year _____

Legal Guardian (if other than a parent)

Relationship to you _____

Last/Family/Sur First/Given Middle Title (Mr./Ms./Dr., etc.)

Home address **if different** from yours

Home phone (_____) _____
Area Code

E-mail _____

Occupation _____

Name of employer _____

College (if any) _____

Degree _____ Year _____

Graduate school (if any) _____

Degree _____ Year _____

Siblings

Please give names and ages of your brothers or sisters. If they have attended or are currently attending college, give the names of the undergraduate institution, degree earned, and approximate dates of attendance. If more than three siblings, please list them in the Additional Information section **online**, or on an attached sheet **if applying via mail**.

Name Age Relationship

College Attended _____

Degree Earned _____ Dates _____
or Expected yyyy-yyyy

Name Age Relationship

College Attended _____

Degree Earned _____ Dates _____
or Expected yyyy-yyyy

Name Age Relationship

College Attended _____

Degree Earned _____ Dates _____
or Expected yyyy-yyyy

ACADEMICS

Secondary Schools

Current or most recent secondary school attended _____

Entry Date _____ Graduation Date _____ School Type public charter independent religious home school
mm/yyyy mm/dd/yyyy

Address _____ CEEB/ACT Code _____
Number & Street

City/Town State/Province Country ZIP/Postal Code

Counselor's name (Mr./Ms./Dr., etc.) _____ Counselor's Title _____

E-mail _____ Phone (_____) _____ Fax (_____) _____
Area Code Number Ext. Area Code Number

List all other secondary schools, including summer schools as well as summer and other programs, you have attended, beginning with 9th grade.

School Name & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	Dates Attended (mm/yyyy)

If you received college counseling or assistance with your application process from a community-based organization (such as Upward Bound, Questbridge, HEOP, etc.), please specify. _____

If your secondary school education was or will be interrupted, check all that apply and provide details in the Additional Information section or on an attached sheet.

did/will graduate late
 did/will change secondary schools
 did not/will not graduate
 did/will graduate early
 did/will take time off
 did/will receive GED Date: _____ (Official scores must be sent from the testing agency.)
mm/yyyy

Colleges & Universities List all colleges/universities at which you have taken courses for credit; list names of courses taken, grades earned, and credits earned in the Additional Information section **online**, or on an attached sheet **if applying via mail**. Please have an official transcript sent from each institution as soon as possible.

College/University Name & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	Degree Candidate?		Dates Attended (mm/yyyy)	Degree(s) Earned
		Yes	No		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

TESTS

Be sure to note the tests required for each institution to which you are applying. The official SAT, ACT, TOEFL, MELAB and/or IELTS scores from the appropriate testing agencies should be sent as soon as possible.

ACT Tests

Date taken/ to be taken	English	Math	Reading	Science	Composite	Writing	Date taken/ to be taken	English	Math	Reading	Science	Composite	Writing

SAT Reasoning Tests

Date taken/ to be taken	Critical Reading	Math	Writing	Date taken/ to be taken	Critical Reading	Math	Writing	Date taken/ to be taken	Critical Reading	Math	Writing

SAT Subject Tests

Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score

AP/IB Tests

Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score	Date taken/ to be taken	Subject	Score

TOEFL/IELTS/MELAB

Date taken/ to be taken	Test	Score	Date taken/ to be taken	Test	Score	Date taken/ to be taken	Test	Score

Honors Briefly list any academic distinctions or honors you have received since the 9th grade or international equivalent (e.g. National Merit, Cum Laude Society).

Grade level or post-graduate (PG)					Honor	Level of Recognition			
9	10	11	12	PG		School	State/ Regional	National	Inter- national
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACTIVITIES

Extracurricular Please list your **principal** extracurricular, community, volunteer and family activities and hobbies **in the order of their interest to you**. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. **To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé.**

Grade level or post-graduate (PG)					Approximate time spent		When did you participate in the activity?		Positions held, honors won, or letters earned	If applicable, do you plan to participate in college?
9	10	11	12	PG	Hours per week	Weeks per year	School year	Summer		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										

Work Experience Please list **paid** jobs you have held during the past three years (including summer employment).

Specific nature of work	Employer	School year	Summer	Approximate dates (mm/yyyy - mm/yyyy)	Hours per week
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____

WRITING

Short Answer Please briefly elaborate on one of your extracurricular activities or work experiences in the space below or on an attached sheet (150 words or fewer).

Personal Essay Please write an essay (250 words minimum) on a topic of your choice or on one of the options listed below, and attach it to your application before submission. **Please indicate your topic by checking the appropriate box.** This personal essay helps us become acquainted with you as a person and student, apart from courses, grades, test scores, and other objective data. It will also demonstrate your ability to organize your thoughts and express yourself.

- 1 Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
- 2 Discuss some issue of personal, local, national, or international concern and its importance to you.
- 3 Indicate a person who has had a significant influence on you, and describe that influence.
- 4 Describe a character in fiction, a historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
- 5 A range of academic interests, personal perspectives, and life experiences adds much to the educational mix. Given your personal background, describe an experience that illustrates what you would bring to the diversity in a college community, or an encounter that demonstrated the importance of diversity to you.
- 6 Topic of your choice.

Disciplinary History

- 1 Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? Yes No
- 2 Have you ever been convicted of a misdemeanor, felony, or other crime? Yes No

If you answered yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

Additional Information If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc., please do so in the space below or on an attached sheet.

SIGNATURE

Application Fee Payment If this college requires an application fee, how will you be paying it?

- Online Payment Will Mail Payment Online Fee Waiver Request Will Mail Fee Waiver Request

Required Signature

- I certify that all information submitted in the admission process—including the application, the personal essay, any supplements, and any other supporting materials—is my own work, factually true, and honestly presented. I authorize all schools attended to release all requested records covered under the FERPA act, and authorize review of my application for the admission program indicated on this form. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I've certified be false.
- I acknowledge that I have reviewed the application instructions for each college receiving this application. I understand that all offers of admission are conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based, as well as honorable dismissal from the school. I also affirm that I will send an enrollment deposit (or the equivalent) to only one institution; sending multiple deposits (or the equivalent) may result in the withdrawal of my admission offers from all institutions. [Note: students may send an enrollment deposit (or equivalent) to a second institution where they have been admitted from the waitlist, provided that they inform the first institution that they will no longer be enrolling.]

Signature 

Date _____

mm/dd/yyyy

The Common Application, Inc., and its member institutions are committed to fulfilling their mission without discrimination on the basis of race, color, national origin, religion, age, sex, gender, sexual orientation, disability, or veteran status.



Supplemental Application for Undergraduate Admission

Personal Information

Name _____ Birth Date _____
First Middle Last Mo / Day / Yr

Email Address _____ Cell Phone _____

For text updates, please provide the name of cell phone carrier: _____

Student Type

Freshman College transfer Nursing transfer (Autumn only) Post-baccalaureate

Quarter/Year Applying For

Autumn (September) Year _____ Winter (January) Year _____ Spring (March) Year _____ Summer (June) Year _____

Decision Plan (check one)

Early Action (November 15th): Seattle Pacific University is one of my top choice schools. Regular

NOTE: Early Action applicants may only apply for Autumn quarter.

How did you first learn about Seattle Pacific University? _____

What was the most important factor in your decision to apply for admission? _____

If you plan to apply for a scholarship with ROTC, which branch will you apply? Air Force Army

Family Information

If you listed siblings (high school age or younger) under the family section of the Common Application, please indicate if they have the same address as you: Y N

If your father is an alumnus of SPU, what year did he graduate? _____

If your mother is an alumna of SPU, what year did she graduate? _____

Is one or both of your parents **employed full-time** with a Christian church, mission, or para-church organization? Y N

Have you been in foster care in Washington State for at least one year since your 16th birthday? Y N

Educational Information

Intended major _____ If undecided, what subject area or career interests you? _____

Freshman Only

Are you participating in the Washington State Running Start Program? Y N

Please indicate the number of college credits you anticipate earning before SPU: _____

Transfer Only

Direct admission into select majors is an option for transfer students who complete a direct transfer degree or 90 or more college-level quarter credits. Nursing applicants must file an additional application and adhere to application policies outlined on the School of Health Sciences website: www.spu.edu/nursing

Check one of the following that you plan to complete:

Direct Transfer degree (Associate of Arts/Science) 90 or more college-level quarter credits
 Fewer than 90 college-level quarter credits

For direct admission majors and eligibility requirements visit www.spu.edu/directadmission.

If you're interested in direct admission, please list your intended major: _____

Are you a member of the Phi Theta Kappa Honor Society? Y N

Optional Information

To what other colleges do you plan to apply?

School City State School City State School City State

Name of church you attend _____
Denomination

Address City State Zip Phone

Please describe how you are involved at your church: _____

Personal Statement

In addition to the Common Application essay, please respond to the following on a separate sheet of paper:

While SPU does not require a profession of Christian faith for admission, we seek to admit students who will best succeed in and benefit from a Christian learning environment. Please describe your own belief system and how the idea of engaging the culture and changing the world plays out in your own life.

Person of Influence

In addition to your academic recommendation, please identify a person (minister, youth worker, or professional associate) who has had a positive impact on you. Provide contact information, and briefly explain why you have listed this person.

Name Organization Position SPU Alum? Y N

Address Phone Email

Signature

I am aware of the standards for student conduct outlined in the online SPU Undergraduate Catalog under "Student Life: Community Standards and Policies" and agree to support these expectations and values.

Legal Name of Applicant (Please Print)

Signature of Applicant Date

Nondiscrimination Policy

Seattle Pacific University does not discriminate on the basis of race, color, national origin, sex, age, or disability in policies and practices, as required by applicable laws and regulations. As a religious educational institution, SPU is permitted and reserves the right to prefer employees or prospective students on the basis of religion. For the full Nondiscrimination Policy visit www.spu.edu/hr.

TO THE APPLICANT

After completing all the relevant questions below, give this form to a teacher who has taught you an **academic** subject (for example, English, foreign language, math, science, or social studies). **If applying via mail**, please also give that teacher stamped envelopes addressed to each institution that requires a Teacher Evaluation.

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

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

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


School 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 TEACHER

The Common Application membership finds candid evaluations helpful in choosing from among highly qualified candidates. You are encouraged to keep this form in your private files for use should the student need additional recommendations. Please submit your references promptly, **and remember to sign below**.

Teacher's name (Mr./Ms./Dr., etc.) _____ Subject taught _____
Please print or type

Signature  _____ Date _____
mm/dd/yyyy

Secondary school _____

School address _____
Number & Street City/Town State/Province Country ZIP/Postal Code

Teacher's phone (_____) _____ Teacher's e-mail _____
Area Code Number Ext.

Background Information

How long have you known this student and in what context? _____

List the courses you have taught this student, noting for each the student's year in school (10th, 11th, 12th; first-year, sophomore; etc.) and the level of course difficulty (AP, IB, accelerated, honors, elective; 100-level, 200-level, etc.).

Ratings Compared to other students in his or her class year, how do you rate this student in terms of:

	No basis	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
Academic achievement								
Intellectual promise								
Quality of writing								
Creative, original thought								
Productive class discussion								
Respect accorded by faculty								
Disciplined work habits								
Maturity								
Motivation								
Leadership								
Integrity								
Reaction to setbacks								
Concern for others								
Self-confidence								
Initiative, independence								
OVERALL								

Evaluation Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)

TO THE APPLICANT

After completing all the relevant questions below, give this form to your secondary school counselor or another school official who knows you better. **If applying via mail**, please also give that school official stamped envelopes addressed to each institution that requires a Secondary School Report.

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

School you now attend _____ CEEB/ACT code _____

Current year courses—please indicate title, level (AP, IB, advanced honors, etc.) and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.

First Semester/Trimester	Second Semester/Trimester	Third Trimester <i>or additional first/second term courses if more space is needed</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

- The institution does not save recommendations post-matriculation (*see list at www.commonapp.org/FERPA*).
- 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 SECONDARY SCHOOL COUNSELOR

Attach applicant's official transcript, including courses in progress, a school profile, and transcript legend. (Check transcript copies for readability.) Use both pages to complete your evaluation for this student. **Be sure to sign below.**

Counselor's name (Mr./Ms./Dr., etc.) _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

Title _____ School _____

School address _____
City/Town State/Province Country ZIP/Postal Code

Counselor's phone (_____) _____ Counselor's fax (_____) _____
Area Code Number Ext. Area Code Number

Secondary school CEEB/ACT code _____ Counselor's e-mail _____

Background Information

Class rank: _____ Class size: _____ Covering a period from _____ to _____.
(mm/yyyy) (mm/yyyy)

The rank is weighted unweighted. How many students share this rank? _____

We do not rank. Instead, please indicate quartile _____ quintile _____ decile _____

Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____.
(mm/yyyy) (mm/yyyy)

This GPA is weighted unweighted. The school's passing mark is _____.

Highest GPA in class _____ Graduation date _____
(mm/dd/yyyy)

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

Are classes taken on a block schedule? Yes No

Is the applicant an IB Diploma candidate? Yes No

If you offer AP courses, do you limit the number a student can take? Yes No

How many AP courses does your school offer (in total)? _____

In comparison with other college preparatory students at your school, the applicant's course selection is:

- most demanding
 very demanding
 demanding
 average
 below average

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

Ratings Compared to other students in his or her class year, how do you rate this student in terms of:

	No basis	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
Academic achievement								
Extracurricular accomplishments								
Personal qualities and character								
OVERALL								

Evaluation Please write whatever you think is important about this student, including a description of academic, extracurricular, and personal characteristics. We welcome a broad-based assessment that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)

① Has the applicant ever been found responsible for a disciplinary violation at your school from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution? Yes No

② To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime? Yes No

If you answered yes to either or both questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.

Check here if you would prefer to discuss this applicant over the phone with each admission office.

I recommend this student: No basis With reservation Fairly strongly Strongly Enthusiastically