

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 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  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) \_\_\_\_\_  
Not Printed on PDF (###-##-####)

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

\_\_\_\_\_  
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.

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:

- The college or university does not save evaluations after matriculation
- 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 \_\_\_\_\_ CEEB Code \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address

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

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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 college-bound 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.

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 or felony?  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 \_\_\_\_\_