

## Student information

### Personal information

Legal name

First (Enter your legal first name exactly as it appears on official documents.)

Middle

Last (Enter your legal last name exactly as it appears on official documents. Your last name may be your family name or surname.)

Suffix

Preferred first name

If you provide another first name, the colleges you send an application to may use it in future communications.

Former legal name(s)

Do you have any materials under another name (for example a maiden name, middle name, or nickname)?

Date of birth

mm/dd/yyyy

First/middle/last

### Contact information

Preferred phone

☐ Home ☐ Mobile

Include area/country/city code

Alternate phone

☐ Home ☐ Mobile

Include area/country/city code

Email address

Alternate mailing address

Permanent home address

Number and street

Apartment number City/town

County State/province

Country ZIP/postal code

Number and street

Apartment number City/town

County State/province

Country ZIP/postal code

From

mm/dd/yyyy

To

mm/dd/yyyy

## Demographics

Gender

If another gender, please describe

☐ Female ☐ Male ☐ Nonbinary ☐ Another gender

Legal sex

☐ Female ☐ Male ☐ X or another legal sex

Pronouns

If another pronoun set, please list them

☐ He/him ☐ She/her ☐ They/them ☐ Other pronouns

Citizenship status

☐ U.S. citizen or U.S. national ☐ U.S. dual citizen ☐ U.S. permanent resident (green card holder) ☐ U.S. resident with other status

☐ Citizen of non-U.S. country

Select "U.S. resident with other status" if you're a:

- DACA, DED, or TPS recipient
- Undocumented student
- U.S. refugee or asylee
- Student with another pending status

If you were born in the U.S., select "U.S. citizen or U.S. national". If you're an international student currently living in the U.S., select "citizen of a non-U.S. country".

Non-U.S. citizenship(s)

Currently held US visa type

Date issued

mm/dd/yyyy

Birthplace

Country/region/territory

City

State/province

Years lived in the US

Language proficiency (check all that apply)

F (first language) S (speak) R (read) W (write) H (spoken at home)

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

Additional demographics

The questions in the additional demographics section are optional. Information you provide in this section is not used in a discriminatory manner.

If you previously served or are currently serving in the U.S. Armed Forces, what is your anticipated status at the time of enrollment?

Service start date 

mm/yyyy

Status/branch

Actual or projected service end date 

mm/yyyy

Are you Hispanic/Latino/a/x (including Spain)? ☐ Yes ☐ No If yes, please describe your background.

Regardless of your answer to the prior question, please indicate how you identify yourself and describe your background. (You may select one or more)

☐ American Indian or Alaska Native

Are you enrolled in a federally recognized tribe? ☐ Yes ☐ No If yes, please enter tribal enrollment number

☐ Asian (including Indian subcontinent and Philippines)

☐ Black or African American (including Africa and Caribbean)

☐ Native Hawaiian or other Pacific Islander

☐ White (including Middle East)

Family

Household

With whom do you make your permanent home? ☐ Parent 1 ☐ Parent 2 ☐ Both parents ☐ Other

Specify other living situation If you have children, how many?

Parents' marital status (relative to each other) ☐ Married ☐ Separated ☐ Divorced ☐ Never married ☐ Widowed ☐ Civil union/domestic partners ☐ Unknown

Parent 1

☐ Mother ☐ Father

Is parent 1 living? ☐ Yes ☐ No Date deceased 

mm/yyyy

First name

Middle

Last name

Suffix

Former last name (if any)

Preferred phone ☐ Home ☐ Mobile ☐ Other ☐ Work

Include area/country/city code

Preferred email

Occupation (former, if retired) 

Occupation/Employer

College attended (if any)

Degree Year

College attended (if any)

Degree Year

Parent 2

☐ Mother ☐ Father ☐ I do not have another parent to list

Is parent 2 living? ☐ Yes ☐ No Date deceased 

mm/yyyy

First name

Middle

Last name

Suffix

Former last name (if any)

Preferred phone ☐ Home ☐ Mobile ☐ Other ☐ Work

Include area/country/city code

Preferred email

Occupation (former, if retired) 

Occupation/Employer

College attended (if any)

Degree Year

College attended (if any)

Degree Year

Siblings

Please list the names and ages of your siblings. If you have more than 3 siblings, you can use the additional information section.

Sibling 1

First name

Last name

Age

Sibling 2

First name

Last name

Age

Sibling 3

First name

Last name

Age

It's helpful to know if you're financially independent from your parents so Common App can ask more relevant questions about your family and living situation. We use the [Free Application for Federal Student Aid's \(FAFSA\)](#) criteria to determine if you're an independent student.

You may be considered an independent student if you have 1 or more of these statuses:

- Active duty military or veteran
- Currently married (not separated or divorced)
- Have children or live with people you're financially responsible for
- Have a legal guardian other than a parent or step-parent
- In foster care
- Legally emancipated minor
- Orphan (no biological or adoptive parents)
- Self-supporting and homeless or at risk of being homeless
- Ward of the court or state

Learn more about [what these statuses mean](#).

Do any of these statuses apply to you?      Yes   ☐ No

*Sharing your status won't negatively impact your application. You'll also have the chance to share more details in the responsibilities and circumstances section.*

Your parents' education history can help colleges understand if you're a first-generation student or one of the first people in your family to go to college. This can help colleges connect you with resources and support.

Do one or more of your parents have a bachelor's degree or higher?   ☐ Yes   ☐ No   ☐ I don't know

*This includes degrees earned in countries other than the U.S.*

Who do you live with?   *Your living situation can help colleges understand your household and background. Select all that apply.*

☐ By myself   ☐ Family (parents, siblings, children, grandparents, etc.)   ☐ Legal or foster guardian   ☐ Roomates   ☐ Spouse or partner   ☐ Other

## Education

### Secondary/high schools

Current or most recent secondary/high school \_\_\_\_\_ CEEB code \_\_\_\_\_

Entry date \_\_\_\_\_ Graduation/exit date \_\_\_\_\_ Address \_\_\_\_\_  
*mm/yyyy mm/yyyy Number and street*

\_\_\_\_\_  
*City/town County State/province*

\_\_\_\_\_  
*Country ZIP/postal code*

Please list any other secondary/high schools you have attended

| School name | Location <i>City, state/province, ZIP/postal code, country</i> | Dates attended <i>mm/yyyy - mm/yyyy</i> |
|-------------|----------------------------------------------------------------|-----------------------------------------|
| _____       | _____                                                          | _____                                   |
| _____       | _____                                                          | _____                                   |
| _____       | _____                                                          | _____                                   |

Please indicate if any of these options will have affected your progression through or since secondary/high school. Check all that apply and provide details in the additional information section.

☐ Did or will graduate early   ☐ Did or will graduate late   ☐ Did or will take time off   ☐ Did or will take gap year

List any community programs or organizations that have provided you with free assistance in your application process.

\_\_\_\_\_

### Colleges and universities

List all colleges where you have taken coursework.  
*Dual enrollment with high school (DE), Summer program (SP), Credit awarded directly by college (CR)*

| College name | Location <i>City, state/province, ZIP/postal code, country</i> | DE                       | SP                       | CR                       | Dates attended <i>mm/yyyy - mm/yyyy</i> | Degree earned |
|--------------|----------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------|---------------|
| _____        | _____                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                   | _____         |
| _____        | _____                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                   | _____         |
| _____        | _____                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                                   | _____         |

Grades

Graduating class size (approx.) \_\_\_\_\_ Class rank reporting (if available) \_\_\_\_\_ GPA scale reporting \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ GPA weighting ☐ Weighted ☐ Unweighted

Current or most recent year courses

Please list all courses you are taking this year and include their subject and level (AP, IB, advanced, honors, etc.). If you are not currently enrolled, please list courses from your most recent academic year.

| Full year/first semester/first trimester | Second semester/second trimester | Third trimester <small>or additional first/second term courses</small> |
|------------------------------------------|----------------------------------|------------------------------------------------------------------------|
| _____                                    | _____                            | _____                                                                  |
| _____                                    | _____                            | _____                                                                  |
| _____                                    | _____                            | _____                                                                  |

  

| Full year/first semester/first trimester | Second semester/second trimester | Third trimester <small>or additional first/second term courses</small> |
|------------------------------------------|----------------------------------|------------------------------------------------------------------------|
| _____                                    | _____                            | _____                                                                  |
| _____                                    | _____                            | _____                                                                  |
| _____                                    | _____                            | _____                                                                  |

Honors The items in this section are optional. List any honors you have received related to your academic achievements beginning with the ninth grade or international equivalent.

| Grade level or post-graduate (PG)                                                                                                             | Honor | Level(s) of recognition<br><small>S (School) S/R (State or regional)<br/>N (National) I (International)</small>  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------|
| 9 10 11 12 PG<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ | S S/R N I<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                  | _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>              |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                  | _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>              |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                  | _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>              |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                  | _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>              |

Future plans Career interest \_\_\_\_\_ Highest degree you intend to earn \_\_\_\_\_

Testing

In addition to sending official score reports as required by colleges, you have the option to self-report scores or future test dates for any of the following standardized tests: ACT, SAT/SAT Subject, AP, IB, TOEFL, PTE Academic, IELTS, and Senior Secondary Leaving Examinations.

|     |                 |            |            |            |                |            |         |            |       |            |       |
|-----|-----------------|------------|------------|------------|----------------|------------|---------|------------|-------|------------|-------|
| ACT | Exam dates      | _____      | _____      | _____      | Highest scores | _____      | _____   | _____      | _____ | _____      | _____ |
|     | Past and future | mm/dd/yyyy | mm/dd/yyyy | mm/dd/yyyy | Composite      | mm/dd/yyyy | English | mm/dd/yyyy | Math  | mm/dd/yyyy |       |
|     |                 |            |            |            | Reading        | mm/dd/yyyy | Science | mm/dd/yyyy |       |            |       |

  

|     |                 |            |            |            |                                    |            |       |            |                |            |
|-----|-----------------|------------|------------|------------|------------------------------------|------------|-------|------------|----------------|------------|
| SAT | Exam dates      | _____      | _____      | _____      | Highest scores                     | _____      | _____ | _____      | _____          | _____      |
|     | Past and future | mm/dd/yyyy | mm/dd/yyyy | mm/dd/yyyy | Evidence-based reading and writing | mm/dd/yyyy | Math  | mm/dd/yyyy | Combined essay | mm/dd/yyyy |

AP/IB/SAT Subjects/Cambridge/Senior Secondary Leaving Examinations

|                                                      |         |                  |       |         |                  |       |
|------------------------------------------------------|---------|------------------|-------|---------|------------------|-------|
| Highest scores<br><small>Per subject, so far</small> | mm/yyyy | Type and subject | Score | mm/yyyy | Type and subject | Score |
|                                                      | mm/yyyy | Type and subject | Score | mm/yyyy | Type and subject | Score |
|                                                      | mm/yyyy | Type and subject | Score | mm/yyyy | Type and subject | Score |
|                                                      | mm/yyyy | Type and subject | Score | mm/yyyy | Type and subject | Score |
|                                                      | mm/yyyy | Type and subject | Score | mm/yyyy | Type and subject | Score |

Activities and experiences

Reporting activities and experiences can help colleges better understand your life and interests. These might include arts or music, clubs, community engagement or volunteering, employment or work, family responsibilities, hobbies, and sports.

List your activities in order of their importance to you. You're welcome to add activities and experiences that are self-taught or not part of an official group. Focus on activities you participated in during high school or later.

You can add up to 10 activities or experiences, but there's no pressure to add all 10. Add as many as feel meaningful to you.

|                                                                                                                                   |                                                       |                |  | Timing of participation                                                             | Participation grade levels                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------|--|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                   |                                                       |                |  | S (School year)<br>B (School break)<br>Y (All year)                                 | 9 10 11 12 Post-HS<br>Post-HS (After graduating high school)                                                                                       |
| Activity 1                                                                                                                        | Organization name<br><small>(if applicable)</small>   | Hours per week |  | S B Y<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 9 10 11 12 Post-HS<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                   | Position/leadership<br><small>(if applicable)</small> | Weeks per year |  |                                                                                     |                                                                                                                                                    |
| Description                                                                                                                       |                                                       |                |  |                                                                                     |                                                                                                                                                    |
| Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure |                                                       |                |  |                                                                                     |                                                                                                                                                    |
| Activity 2                                                                                                                        | Organization name<br><small>(if applicable)</small>   | Hours per week |  | S B Y<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 9 10 11 12 Post-HS<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                   | Position/leadership<br><small>(if applicable)</small> | Weeks per year |  |                                                                                     |                                                                                                                                                    |
| Description                                                                                                                       |                                                       |                |  |                                                                                     |                                                                                                                                                    |
| Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure |                                                       |                |  |                                                                                     |                                                                                                                                                    |
| Activity 3                                                                                                                        | Organization name<br><small>(if applicable)</small>   | Hours per week |  | S B Y<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 9 10 11 12 Post-HS<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                   | Position/leadership<br><small>(if applicable)</small> | Weeks per year |  |                                                                                     |                                                                                                                                                    |
| Description                                                                                                                       |                                                       |                |  |                                                                                     |                                                                                                                                                    |
| Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure |                                                       |                |  |                                                                                     |                                                                                                                                                    |
| Activity 4                                                                                                                        | Organization name<br><small>(if applicable)</small>   | Hours per week |  | S B Y<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 9 10 11 12 Post-HS<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                   | Position/leadership<br><small>(if applicable)</small> | Weeks per year |  |                                                                                     |                                                                                                                                                    |
| Description                                                                                                                       |                                                       |                |  |                                                                                     |                                                                                                                                                    |
| Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure |                                                       |                |  |                                                                                     |                                                                                                                                                    |
| Activity 5                                                                                                                        | Organization name<br><small>(if applicable)</small>   | Hours per week |  | S B Y<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 9 10 11 12 Post-HS<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                   | Position/leadership<br><small>(if applicable)</small> | Weeks per year |  |                                                                                     |                                                                                                                                                    |
| Description                                                                                                                       |                                                       |                |  |                                                                                     |                                                                                                                                                    |
| Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure |                                                       |                |  |                                                                                     |                                                                                                                                                    |

Activity 6

Organization name \_\_\_\_\_  
(if applicable)

Hours per week \_\_\_\_\_

Position/leadership \_\_\_\_\_  
(if applicable)

Weeks per year \_\_\_\_\_

Description \_\_\_\_\_

Do you plan to participate in college?   ☐ Yes   ☐ No   ☐ Not sure

Timing of participation

S (School year)  
B (School break)  
Y (All year)

S   B   Y

☐   ☐   ☐

Participation grade levels

Post-HS (After graduating high school)

9   10   11   12   Post-HS

☐   ☐   ☐   ☐   ☐

Activity 7

Organization name \_\_\_\_\_  
(if applicable)

Hours per week \_\_\_\_\_

Position/leadership \_\_\_\_\_  
(if applicable)

Weeks per year \_\_\_\_\_

Description \_\_\_\_\_

Do you plan to participate in college?   ☐ Yes   ☐ No   ☐ Not sure

Timing of participation

S (School year)  
B (School break)  
Y (All year)

S   B   Y

☐   ☐   ☐

Participation grade levels

Post-HS (After graduating high school)

9   10   11   12   Post-HS

☐   ☐   ☐   ☐   ☐

Activity 8

Organization name \_\_\_\_\_  
(if applicable)

Hours per week \_\_\_\_\_

Position/leadership \_\_\_\_\_  
(if applicable)

Weeks per year \_\_\_\_\_

Description \_\_\_\_\_

Do you plan to participate in college?   ☐ Yes   ☐ No   ☐ Not sure

Timing of participation

S (School year)  
B (School break)  
Y (All year)

S   B   Y

☐   ☐   ☐

Participation grade levels

Post-HS (After graduating high school)

9   10   11   12   Post-HS

☐   ☐   ☐   ☐   ☐

Activity 9

Organization name \_\_\_\_\_  
(if applicable)

Hours per week \_\_\_\_\_

Position/leadership \_\_\_\_\_  
(if applicable)

Weeks per year \_\_\_\_\_

Description \_\_\_\_\_

Do you plan to participate in college?   ☐ Yes   ☐ No   ☐ Not sure

Timing of participation

S (School year)  
B (School break)  
Y (All year)

S   B   Y

☐   ☐   ☐

Participation grade levels

Post-HS (After graduating high school)

9   10   11   12   Post-HS

☐   ☐   ☐   ☐   ☐

Activity 10

Organization name \_\_\_\_\_  
(if applicable)

Hours per week \_\_\_\_\_

Position/leadership \_\_\_\_\_  
(if applicable)

Weeks per year \_\_\_\_\_

Description \_\_\_\_\_

Do you plan to participate in college?   ☐ Yes   ☐ No   ☐ Not sure

Timing of participation

S (School year)  
B (School break)  
Y (All year)

S   B   Y

☐   ☐   ☐

Participation grade levels

Post-HS (After graduating high school)

9   10   11   12   Post-HS

☐   ☐   ☐   ☐   ☐

Responsibilities and circumstances

Sometimes academics and activities are impacted by household responsibilities or other circumstances. Sharing this information with colleges can help them better understand the context of your application. You may repeat information you already provided elsewhere in your Common App.

Please select which responsibilities you spend 4 or more hours per week doing.

☐ Assisting family or household members with tasks such as doctors' appointments, bank visits, or visa interviews

☐ Farm work or unpaid work for a family business

☐ Interpreting or translating for family or household members

☐ Managing family or household finances, budget, or paying bills

☐ Providing transportation for family or household members

☐ Taking care of sick, disabled, and/or elderly members of my family or household

☐ Taking care of younger family or household members

☐ Taking care of my own child or children

☐ Working at a paid job to contribute to my household's income

☐ Other (please describe) \_\_\_\_\_

☐ None of these

Please select which circumstances you've experienced.

- |                                                                                          |                                                                                                   |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Commuting 60 minutes or more to and from school each day        | <input type="checkbox"/> Living without reliable or usable internet                               |
| <input type="checkbox"/> Experiencing homelessness or another unstable living situation  | <input type="checkbox"/> Living independently or living on my own (not including boarding school) |
| <input type="checkbox"/> Living without consistent heat, power, water, or access to food | <input type="checkbox"/> None of these                                                            |

## Writing

### Personal essay

Some colleges require submission of the personal essay with your Common App. You may submit a personal essay to any college, even if it is not required by that college.

The essay demonstrates your ability to write clearly and concisely on a selected topic and helps you distinguish yourself in your own voice. What do you want the readers of your application to know about you apart from courses, grades, and test scores? Choose the option that best helps you answer that question and write an essay of no more than 650 words, using the prompt to inspire and structure your response. Remember: 650 words is your limit, not your goal. Use the full range if you need it, but don't feel obligated to do so. Please attach the essay on a separate sheet.

- ☐ Some students have a background, identity, interest, or talent that is so meaningful they believe their application would be incomplete without it. If this sounds like you, then please share your story.
- ☐ The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?
- ☐ Reflect on a time when you questioned or challenged a belief or idea. What prompted your thinking? What was the outcome?
- ☐ Reflect on something that someone has done for you that has made you happy or thankful in a surprising way. How has this gratitude affected or motivated you?
- ☐ Discuss an accomplishment, event, or realization that sparked a period of personal growth and a new understanding of yourself or others.
- ☐ Describe a topic, idea, or concept you find so engaging that it makes you lose all track of time. Why does it captivate you? What or who do you turn to when you want to learn more?
- ☐ Share an essay on any topic of your choice. It can be one you've already written, one that responds to a different prompt, or one of your own design.

### Additional information

- ☐ Sometimes a student's application and achievements may be impacted by challenges or other circumstances. This could involve:
  - Access to a safe and quiet study space
  - Access to reliable technology and internet
  - Community disruption (violence, protests, teacher strikes, etc.)
  - Discrimination
  - Family disruptions (divorce, incarceration, job loss, health, loss of a family member, addiction, etc.)
  - Family or other obligations (caregiving, financial support, etc.)
  - Housing instability, displacement, or homelessness
  - Military deployment or activation
  - Natural disasters
  - Physical health and mental well-being
  - War, conflict, or other hardships

If you're comfortable sharing, this information can help colleges better understand the context of your application. Colleges may use this information to provide you and your fellow students with support and resources. Please attach a separate sheet if you wish to share anything on this topic. Max word count: 250

☐ You have the option to share any additional details or qualifications not reflected in the application. If you wish to do so, please attach a separate sheet with the details. Max word count: 300

Signature

**Application fee payment** If this college requires an application fee, how will you pay it? ☐ Online ☐ By mail ☐ Fee waiver request

Signature

- ☐ I certify that all information submitted in the admission process - including this application and any other supporting materials - is my own work, factually true, and honestly presented, and that these documents will become the property of the institution to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree should the information I have certified be false.
- ☐ I agree to notify the institutions to which I am applying immediately should there be any change to the information requested in this application.
- ☐ I understand that once my application has been submitted it may not be altered in any way; I will need to contact the institution directly if I wish to provide additional information.
- ☐ I acknowledge that I have reviewed the application instructions for the 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 affirm that I will send an enrollment deposit (or equivalent) to only one institution; sending multiple deposits (or 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