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.

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last (Family)</td>
<td>First</td>
<td>Middle</td>
</tr>
</tbody>
</table>

Date of Birth (mm/dd/yyyy)

Social Security Number (optional) (###-##-####)

Address

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

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.

<table>
<thead>
<tr>
<th>Semester #1/Trimester #1</th>
<th>Semester #2/Trimester #2</th>
<th>Trimester #3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ACADEMIC INFORMATION

If there have been any changes to your recommendation since you submitted the Midyear 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 _____________

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)

<table>
<thead>
<tr>
<th></th>
<th>No Ability to Judge</th>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Success</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Extracurricular Success</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Character</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Overall</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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 Midyear 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 _____________