

The member colleges and universities fully support the use of this form. No distinction will be made between this form and a college's own. Please type or print in black ink. Be sure to follow the instructions on the cover page of the Common Application booklet to complete, copy, and submit your application to one or more of the member institutions.

TO THE APPLICANT

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

Birth date _____ Social Security No. _____
mm/dd/yyyy (Optional)

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

Address _____
Number and Street Apartment # City or Town State/Province Country Zip/Postal Code

School you now attend _____ CEEB/ACT code _____

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Education Rights and Privacy Act (FERPA) you WILL have access to your recommendation after you matriculate 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:

- ☐ Yes, I *do* waive my right to access, and I understand I will never see this recommendation.
☐ No, I *do not* waive my right to access and may someday choose to review this recommendation.



Signature

Date

I authorize all secondary schools I've attended to release all requested records and authorize review of my application for the admission process indicated on this form.



Signature

Date

TO THE TEACHER

The Common Application membership finds candid evaluations helpful in choosing from among highly qualified candidates. A photocopy of this reference form, or another reference you may have prepared on behalf of this student, is acceptable. You are encouraged to keep the original of this form in your private files for use should the student need additional recommendations. Please return it to the appropriate admission office(s) in the envelope(s) provided you by this student. Please submit your references promptly. **Be sure to sign on the reverse.**

BACKGROUND INFORMATION

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?

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, accelerated, honors, IB, 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 encountered in my career
	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.)

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

Secondary school _____

School address _____
Number and Street City or Town State/Province Country Zip/Postal Code

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



Signature

Date