

To be used by students applying for the Spring 2008, Fall 2008, or Spring 2009 college term. You may leave all school contact information (bottom of page 2) blank if you are stapling this International Supplement to the Secondary School Report before mailing. Please type or print in black ink. Check specific college information in our Requirements Grid or online to ensure a member institution uses this form. This form should only be completed by secondary schools using non-US educational systems. **International schools using an AP curriculum need not complete this form.**

TO THE APPLICANT

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

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


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

E-mail address _____

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational 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, 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 recommendation.
 No, I *do not* waive my right to access and may someday choose to review this recommendation if the institution at which I'm enrolling saves it after I matriculate.

 _____
Signature Date

TO THE SECONDARY SCHOOL COUNSELOR

Please provide all available information below for this student.

What is the primary language of instruction in your secondary school? _____

Lower secondary and senior secondary examinations

Is promotion within your educational system based upon standard examinations* given at the end of lower and/or senior secondary school by a state or national examinations board? Yes No

IF YES:	IF NO:
<p>Please enclose an official copy of this student's lower secondary examination results.</p> <p>If the student has already taken senior secondary leaving exams, please include an official copy of the results.</p> <p>If this applicant's senior secondary leaving exam results are not yet available, please indicate predicted results on the reverse.</p> <p>If you have already forwarded these results with the Secondary School Report, you do NOT need to attach another copy to this form.</p>	<p>Please enclose an official transcript of this student's academic record for the final three years of secondary school, including courses taken and marks/grades in those courses.</p> <p>If you have already forwarded a full transcript with the Secondary School Report, you do NOT need to attach another copy to this form.</p>

***For example:**

Abitur	CSEC/CAPE	IB diploma	S-C GCE O-Level/ A-Level	SPM/STPM/A-Level
AISSE/AISSCE	GCSE/A-Level	ICSE/ISC	School Certif./ Higher Certif.	WASSCE
Baccalauréat	HKCEE/HKALE	KCSE		etc.
Bagrut	HSC	Maturita		


Senior secondary leaving examinations

Date of exam (month/year)	Examining board	Academic subject	Predicted result	Actual result
Overall result (for example, Abitur durchschnittsnote, Australian UAI/ENTER/TER, French Bacc. mention, IB point total, KCSE aggregate, etc.)				

Please indicate the marking or grading scale used in your school and its approximate equivalence to the A-F scale commonly used in the United States:

- A (Excellent) _____
- B (Very Good) _____
- C (Average) _____
- D (Poor) _____
- F (Failing) _____

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

 _____
Signature *Date*

Title _____ School _____

School address _____
City or 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 _____

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PERSONAL DATA

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

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

Address _____
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E-mail address _____

ARTS MEDIUM

Please indicate your area of interest and provide supplementary materials, as required.

Music Instrument _____ Voice (part) _____ Composition _____
 World Music Tradition _____ Song Writing _____ Other _____

Theater and Dance

Visual Arts and Film

INSTRUCTIONS

If you've made a substantial commitment of time and energy to one or more of the arts and you wish to have that considered as part of your application, please:

- 1 Complete this form.
- 2 Have an instructor who is familiar with your work send us a letter of recommendation.
- 3 Enclose a 10-minute CD or DVD with this form that demonstrates contrasting examples of expression and technique.
List the contents of the CD or DVD here. Please do not submit videotapes.

Music

4 Attach a résumé to this form that summarizes your experience with instrument(s), voice, and/or composition, giving years studied, name(s) of teacher(s) or group(s), repertoire, and awards/honors received.


Theater and Dance

4 Attach a résumé to this form that summarizes your experience, giving years studied, name(s) of teacher(s) or group(s), repertoire, special programs, and awards/honors received.

Visual Arts and Film

4 Attach a résumé to this form that summarizes your experience, giving dates, institutions or programs, and awards/honors received. Include a brief description of each course or workshop attended, and describe any related experiences.

No materials will be reviewed until all components of your portfolio arrive. Please send copies only; many schools do not return supplementary materials.

 _____ Signature _____ Date _____

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PERSONAL DATA

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

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

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

E-mail address _____


INSTRUCTIONS

If you anticipate participating in varsity athletics, please complete the grid below. List any team sports played in order of their importance to you. Check year(s) of participation; indicate letters earned and leadership positions. Include the name of your coach(es).

Sport	9	10	11	12	Letters Earned		Event or position	Varsity captain? Check here.	Coach
					JV	Varsity			

Please list any times, records, awards, etc.

Optional: Height _____ Weight _____

 _____ Signature _____ Date _____

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Important: The Early Decision Agreement is required *only* for candidates who have chosen to apply via the binding Early Decision Plan to their first-choice institution.

College Name _____

Deadline _____

PERSONAL DATA

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

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

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

E-mail address _____

Have you been a candidate for admission to this college in any previous year? Yes No Year _____

INSTRUCTIONS

Under the Early Decision Plan, it is a violation of the spirit and the letter of the agreement for an applicant to be an Early Decision candidate at two or more institutions at the same time. Students who apply under the Early Decision Plan may initiate applications to other institutions, provided that none of the other applications is made under an Early Decision or an applicable Restrictive Early Action Plan. The obligation explicit in the Early Decision Plan, as described here and as defined by the National Association for College Admission Counseling, is a commitment on the part of the candidate to withdraw any other applications and to initiate no new applications if accepted under an institution's Early Decision Plan. (This commitment is binding only if sufficient financial aid is offered.)

Yes, I wish to be considered as an Early Decision candidate. If I am accepted under the Early Decision Plan, I will matriculate in the fall. In addition, I understand that, if accepted under Early Decision, I must withdraw all my applications (if any) to other institutions and make no new ones. I further acknowledge that it is a violation of the agreement for an applicant to be an Early Decision candidate at two or more institutions at the same time. By checking this item and signing our names below, we acknowledge the terms of the Early Decision commitment.



Signature of Student _____

Date _____



Signature of Parent or Legal Guardian _____

Date _____



Signature of Counselor _____

Date _____

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INSTRUCTIONS

You may leave all school contact information (bottom of page 2) blank if you are stapling this Home School Supplement to the Secondary School Report before mailing. Please type or print in black ink. Check specific college information in our Requirements Grid or online to ensure a member institution uses this form. This form should be used by home school supervisors only.

TO BE COMPLETED BY THE STUDENT

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

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

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

QUESTIONS TO BE COMPLETED BY THE HOME SCHOOL SUPERVISOR

Philosophy

Please tell us why home schooling was chosen for this student, and explain your home schooling philosophy.

Grading Scale

Please explain the grading scale or other methods of evaluation.

Outside Evaluation

If the student has taken courses from a distance learning program, traditional secondary school, or institution of higher education, please detail them here. In addition, if the student has taken any standardized testing other than those listed on page 2 of the Common Application, please also describe below.

TRANSCRIPT TO BE COMPLETED BY THE HOME SCHOOL SUPERVISOR

Subject	Course Title	Date (To/From)	Grade	Level (AP/College)
English	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Math	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Science	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Social Studies	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Foreign Language	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Arts	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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

Signature *Date*

Supervisor's address _____
City or Town *State/Province* *Country* *ZIP/Postal Code*

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

Supervisor's e-mail _____