

Student information

Make up whatever you want. The purpose of filling this out is practice and compiling info.

Personal information

Legal name _____
First/given Middle Last/family/sur (Enter name exactly as it appears on official documents.) Suffix

Preferred name (nickname) _____ Former name(s) _____
First/middle/last

Date of birth _____ Sex ☐ Male ☐ Female
mm/dd/yyyy

If you would like the opportunity, we invite you to share more about your gender identity _____

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 _____ To _____
mm/dd/yyyy mm/dd/yyyy

Demographics

Citizenship status ☐ US citizen or US national ☐ US dual citizen ☐ US permanent resident ☐ US refugee or asylee ☐ Other (non-US)

Non-US citizenship(s) _____

Currently held US visa type _____

Date issued _____ Birthplace _____
mm/dd/yyyy Country/region/territory

_____ City State/province

Years lived in the US _____ Years lived outside the US _____

Language proficiency (check all that apply)
F (first language) S (speak) R (read) W (write) H (spoken at home)

	F	S	R	W	H
_____	<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"/>

Additional demographics

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

Religious preference _____ US Armed Forces status _____

Service start date _____ Actual or projected service end date _____
mm/yyyy mm/yyyy

Are you Hispanic/Latinx (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

Please list both parents below, even if one or more is deceased or no longer has legal responsibilities for you. If you are a minor with a legal guardian, please include that information. You may list step-parents and/or other adults you live with, or who care for you, in the additional information section.

Household

With whom do you make your permanent home? ☐ Parent 1 ☐ Parent 2 ☐ Both parents ☐ Legal guardian ☐ Ward of the court/state ☐ 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

Parent 1 ☐ Mother ☐ Father

Is parent 1 living? ☐ Yes ☐ No Date deceased mm/yyyy

First/given name Middle

Last/family/surname Suffix

Former last/family/surname (if any)

Birthplace Country/region/territory

Preferred phone ☐ Home ☐ Mobile ☐ Other ☐ Work

Include area/country/city code

Address if different from yours

Number and street

Apartment number City/town

County State/province

Country ZIP/postal code

Occupation (former, if retired) Employer/position

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/given name Middle

Last/family/surname Suffix

Former last/family/surname (if any)

Birthplace Country/region/territory

Preferred phone ☐ Home ☐ Mobile ☐ Other ☐ Work

Include area/country/city code

Address if different from yours

Number and street

Apartment number City/town

County State/province

Country ZIP/postal code

Occupation (former, if retired) Employer/position

College attended (if any)

Degree Year

College attended (if any)

Degree Year

Legal guardian (if other than parent)

First/given name Middle Last/family/surname Suffix

Former last/family/surname (if any) Relationship to you

Preferred phone ☐ Home ☐ Mobile ☐ Other ☐ Work Occupation (former, if retired) Employer/position

Include area/country/city code

College attended (if any) Degree Year

College attended (if any) Degree Year

Address if different from yours

Number and street

Apartment number

City/town

County

State/province

Country

ZIP/postal code

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

Sibling 1

First/given name

Middle initial

Last/family/surname

Age

College attended (if any)

Degree

Dates

Earned or expected

mm/yyyy – mm/yyyy

Sibling 2

First/given name

Middle initial

Last/family/surname

Age

College attended (if any)

Degree

Dates

Earned or expected

mm/yyyy – mm/yyyy

Sibling 3

First/given name

Middle initial

Last/family/surname

Age

College attended (if any)

Degree

Dates

Earned or expected

mm/yyyy – mm/yyyy

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	Dates attended
	City, state/province, ZIP/postal code, country	mm/yyyy – mm/yyyy

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	DE	SP	CR	Dates attended	Degree earned
	City, state/province, ZIP/postal code, country				mm/yyyy – mm/yyyy	
		<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 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 or additional first/second term courses
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 S (School) S/R (State or regional) N (National) I (International)
9 10 11 12 PG		S S/R N I
<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"/> <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/Senior Secondary Leaving Examinations

Highest scores	Per subject, so far	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

TOEFL/IELTS/PTE	Exam dates	Highest score
Past and future	mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy	Test Overall mm/dd/yyyy

Activities

Reporting activities can help colleges better understand your life outside of the classroom. Examples of activities might include clubs, extracurriculars, family responsibilities, hobbies, work, or volunteering. List your activities in the order of their importance to you.

			Timing of participation <small>S (School year) B (School break) Y (All year)</small>			Participation grade levels <small>PG (Post-graduate)</small>				
			S	B	Y	9	10	11	12	PG
Activity 1	Position/leadership _____	Hours per week _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Organization name _____	Weeks per year _____								
	Description _____									
	Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Activity 2	Position/leadership _____	Hours per week _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Organization name _____	Weeks per year _____								
	Description _____									
	Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Activity 3	Position/leadership _____	Hours per week _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Organization name _____	Weeks per year _____								
	Description _____									
	Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Activity 4	Position/leadership _____	Hours per week _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Organization name _____	Weeks per year _____								
	Description _____									
	Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Activity 5	Position/leadership _____	Hours per week _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Organization name _____	Weeks per year _____								
	Description _____									
	Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Activity 6	Position/leadership _____	Hours per week _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Organization name _____	Weeks per year _____								
	Description _____									
	Do you plan to participate in college? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Timing of participation
S (School year) B (School break) Y (All year)

Participation grade levels
PG (Post-graduate)

Activity 7 Position/leadership _____ Hours per week _____ S B Y 9 10 11 12 PG
 Organization name _____ Weeks per year _____
 Description _____
 Do you plan to participate in college? ☐ Yes ☐ No

Activity 8 Position/leadership _____ Hours per week _____ S B Y 9 10 11 12 PG
 Organization name _____ Weeks per year _____
 Description _____
 Do you plan to participate in college? ☐ Yes ☐ No

Activity 9 Position/leadership _____ Hours per week _____ S B Y 9 10 11 12 PG
 Organization name _____ Weeks per year _____
 Description _____
 Do you plan to participate in college? ☐ Yes ☐ No

Activity 10 Position/leadership _____ Hours per week _____ S B Y 9 10 11 12 PG
 Organization name _____ Weeks per year _____
 Description _____
 Do you plan to participate in college? ☐ Yes ☐ No

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?
- ☐ Describe a problem you've solved or a problem you'd like to solve. It can be an intellectual challenge, a research query, an ethical dilemma – anything that is of personal importance, no matter the scale. Explain its significance to you and what steps you took or could be taken to identify a solution.
- ☐ 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.

Disciplinary history

Please Note: Common App member colleges carefully consider all parts of your application. Information provided below will be considered in the context of the rest of your application and does not necessarily prevent you from being admitted to college. For more information on whether specific colleges choose to receive this information or how it may be considered, please see the My Colleges tab.

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution.

☐ Yes ☐ No

If you answered “yes”, please attach a separate sheet of paper that gives the approximate date(s) of each incident, explains the circumstances, and reflects on what you learned from the experience.

Additional information

- ☐ Community disruptions such as COVID-19 and natural disasters can have deep and long-lasting impacts. If you need it, this space is yours to describe those impacts. Colleges care about the effects on your health and well-being, safety, family circumstances, future plans, and education, including access to reliable technology and quiet study spaces. For more information, check out our COVID-19 FAQ. Please attach a separate sheet if you wish to share anything on this topic. Max word count: 250
- ☐ You have the option to provide details of circumstances or qualifications not reflected in the application. If you wish to do so, please attach a separate sheet with the details. Max word count: 650

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, including disciplinary history.
- ☐ 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 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