

Personal information

Biographic information

Legal name _____
First/given Middle Last/family Suffix

My name Would you like to share a different first name that people call you? _____
First/middle/last

Gender If another gender, please describe ☐ Female ☐ Male ☐ Nonbinary
☐ Another gender _____

Legal sex ☐ Female ☐ Male ☐ X or another legal sex

CAS ID _____ **Date of birth** _____
mm/dd/yyyy

Former name Do you have any materials under another name (for example a maiden name, middle name, or nickname)? _____
First/middle/last

Pronouns If another pronoun set, please list them ☐ He/him ☐ She/her
☐ They/them ☐ Other pronouns _____

Birthplace _____
Country/region/territory

Contact information

Current address

Number and street

Apartment number City/town

County State/province

Country ZIP/postal code

Approximate date through which current address is valid _____
mm/dd/yyyy

Preferred phone ☐ Home ☐ Mobile _____
Include area/country/city code

Email address _____

Permanent address

Number and street

Apartment number City/town

County State/province

Country ZIP/postal code

Alternate phone ☐ Home ☐ Mobile _____
Include area/country/city code

Nationality information

Citizenship status ☐ US citizen or US national ☐ US dual citizen ☐ US permanent resident ☐ US refugee or asylee ☐ Citizen of non-U.S. country
☐ DACA, undocumented, Deferred Enforced Departure, or Temporary Protected Status

Country of citizenship _____ **Currently held US visa** _____

Date issued _____ **Legal state of residence** _____
mm/dd/yyyy

How long have you been a resident of your state? _____ **How long have you lived in the US?** _____

Race and ethnicity

Select the responses in this section you feel best apply to you. This information is optional and used for research and reporting purposes.

Are you Hispanic/Latino (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) _____

Language proficiency

What is your first language? _____ Additional language _____

Proficiency level ☐ Beginning ☐ Intermediate ☐ Advanced

Future plans

Career interest _____ Highest degree you intend to earn _____

What is your degree goal for the program you are applying to? ☐ Bachelor's degree ☐ Graduate or professional degree ☐ Non-degree or certificate

Military history

Are you currently serving in the military, have previously served or are a military dependent? ☐ Yes ☐ No

If you answer no you do not need to complete the other questions in this section.

What is your U.S. Armed Forces status? ☐ None ☐ Currently serving ☐ Previously served ☐ Current dependent

Anticipated status at the time you enroll ☐ On active duty U.S. Military ☐ Veteran of U.S. Armed Forces ☐ U.S. Reserves or National Guard

Military branch ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy ☐ Space force

Service start date _____ Service end date _____
mm/yyyy mm/yyyy

Parent/guardian

Colleges may reference this information to better understand your residency eligibility. You only need to complete this section if you were born on or after January 1, 2001.

Did either of your parents receive a bachelor's degree or higher? ☐ Yes ☐ No

Parent/guardian 1

Relationship to student ☐ Mother ☐ Father ☐ Stepmother

☐ Stepfather ☐ Foster parent ☐ Guardian ☐ Other _____

Name _____
First Last

Gender ☐ Female ☐ Male ☐ Decline to state

Living? ☐ Yes ☐ No ☐ Don't know

Occupation _____

Country of legal residence _____

State/province _____ County _____

Highest education level _____

Highest education level school _____

Is this parent in your primary household? ☐ Yes ☐ No

How many people other than your parent(s) lived in your primary household during the majority of your life from birth to age eighteen?

Parent/guardian 2

Relationship to student ☐ Mother ☐ Father ☐ Stepmother

☐ Stepfather ☐ Foster parent ☐ Guardian ☐ Other _____

Name _____
First Last

Gender ☐ Female ☐ Male ☐ Decline to state

Living? ☐ Yes ☐ No ☐ Don't know

Occupation _____

Country of legal residence _____

State/province _____ County _____

Highest education level _____

Highest education level school _____

Is this parent in your primary household? ☐ Yes ☐ No

How many people other than your parent(s) lived in your primary household during the majority of your life from birth to age eighteen?

Academic history

Enter information about the high school from which you graduated and received a high school diploma, or indicate that you attained equivalency of a high school degree. If you have more high schools to add, attach a separate piece of paper with the information.

High school attended

Have you received or do you expect to receive a high school diploma or high school equivalency? ☐ High school diploma ☐ High school equivalency

Date received/expected Name
mm/dd/yyyy

Address
Number and street City/town

County State/province Country

Term type Dates attended
ZIP/postal code Start date (mm/yyyy) End date (mm/yyyy)

Did you graduate or do you expect to graduate from this school? ☐ Yes ☐ No

College information

How many college credits will you have earned when you transfer to the college where you are applying? Will you have a degree when you transfer to the college where you are applying?

- ☐ 0-14 ☐ 15-29 ☐ 30-59 ☐ 60 or greater
- ☐ I will have completed college classes without earning a degree.
☐ I will have an associates degree.
☐ I will have a bachelor's degree or higher.

Colleges attended

Report all institutions attended, regardless of their relevance to the programs you're applying to, and whether the coursework completed there was transferred to another institution. Also, report each institution only once, regardless of the number of degrees earned or gaps in the dates of attendance. Check with the program to learn about their transcript requirements. If you have more colleges to add, attach a separate piece of paper with the information.

College 1

What college or university did you attend?

Did you obtain or are you planning to obtain a degree from this college or university? ☐ Yes ☐ No Degree type

Degree info ☐ Degree awarded ☐ Degree in progress When did or will you earn that degree?
mm/dd/yyyy

What is your major? What is your minor?

☐ Check if you were a double major Second major

What type of term system does this college or university use? ☐ Quarter ☐ Semester ☐ Trimester

Are you still attending this college or university? ☐ Yes ☐ No First quarter/semester/trimester
mm/yyyy

Last quarter/semester/trimester
mm/yyyy

College 2

What college or university did you attend?

Did you obtain or are you planning to obtain a degree from this college or university? ☐ Yes ☐ No Degree type

Degree info ☐ Degree awarded ☐ Degree in progress When did or will you earn that degree?
mm/dd/yyyy

What is your major? What is your minor?

☐ Check if you were a double major Second major

What type of term system does this college or university use? ☐ Quarter ☐ Semester ☐ Trimester

Are you still attending this college or university? ☐ Yes ☐ No First quarter/semester/trimester
mm/yyyy

Last quarter/semester/trimester
mm/yyyy

College 3

What college or university did you attend? _____

Did you obtain or are you planning to obtain a degree from this college or university? ☐ Yes ☐ No Degree type _____

Degree info ☐ Degree awarded ☐ Degree in progress When did or will you earn that degree? _____
mm/dd/yyyy

What is your major? _____ What is your minor? _____

☐ Check if you were a double major Second major _____

What type of term system does this college or university use? ☐ Quarter ☐ Semester ☐ Trimester

Are you still attending this college or university? ☐ Yes ☐ No First quarter/semester/trimester _____
mm/yyyy

Last quarter/semester/trimester _____
mm/yyyy

College coursework

Please check the requirements for programs you are applying to before you complete this section. While optional for some programs, other programs require that you enter at least the courses that satisfy prerequisite requirements. Other programs may require that you enter your full transcripts from your prior colleges.

For any transcript information you provide, enter course and grade information exactly as it appears on your transcript. If you have more courses to add, attach a separate piece of paper with the information.

Course 1 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 2 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 3 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 4 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 5 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 6 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 7 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 8 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 9 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 10 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 11 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 12 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 13 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 14 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

Course 15 Term _____ Year _____ Academic status _____
e.g. Freshman

Completion status _____ Course code _____ Course title _____
e.g. BIO 101 e.g. Introduction to Biology

Subject _____ Credits _____ Grade _____
e.g. 3.0

GPA entries If you have more GPAs to add, attach a separate piece of paper with the information.

GPA	Total credit hours	School level		
		Undergraduate	Graduate	Other
_____	_____	<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"/>

Continuing education courses

If you have more courses to add, attach a separate piece of paper with the information. Please attach a copy of each course certificate.

Continuing education course 1

Name of course _____

Name of instructor/sponsoring organization _____

Approximate number of contact hours _____ Date of completion _____
mm/dd/yyyy

Continuing education course 2

Name of course _____

Name of instructor/sponsoring organization _____

Approximate number of contact hours _____ Date of completion _____
mm/dd/yyyy

Continuing education course 3

Name of course _____

Name of instructor/sponsoring organization _____

Approximate number of contact hours _____ Date of completion _____
mm/dd/yyyy

Community based organizations

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

Standardized tests

You can self-report your standardized test scores or report tests you plan to take in this section. Some of the programs you apply to may require you to report certain test scores; be sure to check with your programs to ensure you're completing all requirements. If you have more tests to report, attach a separate piece of paper with the information.

ACT

Exam dates
Past and future

Highest scores
Composite English Math
Reading Science

ACT student ID

SAT

Exam dates
Past and future

Highest scores
Evidence-based reading and writing Math Combined essay

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

Highest scores <small>Per subject, so far</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>mm/yyyy</small>	<small>Type and subject</small>	<small>Score</small>	<small>mm/yyyy</small>	<small>Type and subject</small>	<small>Score</small>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOEFL/IELTS/PTE
/Accuplacer

Exam dates
Past and future

Highest score
Test Overall

Experiences

This section can help colleges better understand your professional and personal experiences. Examples of experiences may include: community engagement, extracurriculars, family responsibilities, hobbies, internships, research, volunteering, work, other experiences that are meaningful to you. If a field isn't relevant to your experience, write N/A. If you have more experiences to report, attach a separate piece of paper with the information.

	Experience type <small>E (Employment), R (Research), A (Extracurricular activities), V (Volunteer), I (Internship)</small>	Type of recognition <small>C (Compensated), R (Received academic credit), V (Volunteer)</small>
	E R A V I	C R V
Experience 1 Organization name	<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 address		
	<small>Number and street</small>	<small>City/town</small>
County	State/province	Country
Supervisor	Supervisor title	
	<small>First name</small>	<small>Last name</small>
Supervisor phone	Supervisor email	
Start date	Current experience <input type="checkbox"/> Yes <input type="checkbox"/> No	End date
	<small>mm/dd/yyyy</small>	<small>mm/dd/yyyy</small>
Status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	
Experience title		
Description/key responsibilities		

Release authorization (May we contact this organization?) ☐ Yes ☐ No

Experience type
E (Employment), R (Research),
A (Extracurricular activities),
V (Volunteer), I (Internship)

Type of recognition
C (Compensated), R
(Received academic
credit), V (Volunteer)

E R A V I
☐ ☐ ☐ ☐ ☐

C R V
☐ ☐ ☐

Experience 2 Organization name

Organization address
Number and street City/town

County State/province Country ZIP/postal code

Supervisor First name Last name Supervisor title

Supervisor phone Supervisor email

Start date Current experience ☐ Yes ☐ No End date Status ☐ Full time ☐ Part time ☐ Temporary

Experience title

Description/key responsibilities

Release authorization (May we contact this organization?) ☐ Yes ☐ No

Experience 3 Organization name

E R A V I
☐ ☐ ☐ ☐ ☐

C R V
☐ ☐ ☐

Organization address
Number and street City/town

County State/province Country ZIP/postal code

Supervisor First name Last name Supervisor title

Supervisor phone Supervisor email

Start date Current experience ☐ Yes ☐ No End date Status ☐ Full time ☐ Part time ☐ Temporary

Experience title

Description/key responsibilities

Release authorization (May we contact this organization?) ☐ Yes ☐ No

Experience 4 Organization name

E R A V I
☐ ☐ ☐ ☐ ☐

C R V
☐ ☐ ☐

Organization address
Number and street City/town

County State/province Country ZIP/postal code

Supervisor First name Last name Supervisor title

Supervisor phone Supervisor email

Start date Current experience ☐ Yes ☐ No End date Status ☐ Full time ☐ Part time ☐ Temporary

Experience title

Description/key responsibilities

Release authorization (May we contact this organization?) ☐ Yes ☐ No

		Experience type <i>E (Employment), R (Research), A (Extracurricular activities), V (Volunteer), I (Internship)</i>					Type of recognition <i>C (Compensated), R (Received academic credit), V (Volunteer)</i>		
		E R A V I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					C R V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Experience 5 Organization name _____

Organization address _____
Number and street City/town

County _____ State/province _____ Country _____ ZIP/postal code _____

Supervisor _____ Supervisor title _____
First name Last name

Supervisor phone _____ Supervisor email _____

Start date _____ Current experience ☐ Yes ☐ No End date _____ Status ☐ Full time ☐ Part time ☐ Temporary
mm/dd/yyyy mm/dd/yyyy

Experience title _____

Description/key responsibilities _____

Release authorization (May we contact this organization?) ☐ Yes ☐ No

Achievements

If you have more achievements to report, attach a separate piece of paper with the information.

Achievement 1

Type ☐ Awards ☐ Honors ☐ Publications Name _____

Name of presenting organization _____ Issued date _____
mm/dd/yyyy

Brief description _____

Achievement 2

Type ☐ Awards ☐ Honors ☐ Publications Name _____

Name of presenting organization _____ Issued date _____
mm/dd/yyyy

Brief description _____

Achievement 3

Type ☐ Awards ☐ Honors ☐ Publications Name _____

Name of presenting organization _____ Issued date _____
mm/dd/yyyy

Brief description _____

Achievement 4

Type ☐ Awards ☐ Honors ☐ Publications Name _____

Name of presenting organization _____ Issued date _____
mm/dd/yyyy

Brief description _____

Achievement 5

Type ☐ Awards ☐ Honors ☐ Publications Name _____

Name of presenting organization _____ Issued date _____
mm/dd/yyyy

Brief description _____

Documents

If you would like to provide supporting documentation, you may attach copies or scanned images to your application. The documents you can share are a CV/resume, DD214, green card, or the joint services transcript. Be sure to check with the program you're applying to for any additional requirements.

Additional information

- ☐ Community disruptions such as COVID-19 and natural disasters can have deep and long-lasting impacts. If you need, you may 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 FAQ. Please attach a separate sheet if you wish to share anything on this topic. Max character count: 1250 (approximately 200 words)
- ☐ 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 character count: 3500 (approximately 600 words)

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 by completing and submitting a Transcript Request Form to the Registrar of the school(s) that I have attended, I am authorizing the Registrar to send my requested records (official transcript) to the Common App for Transfer Transcript Processing Center and I am also authorizing the Common App for Transfer Transcript Processing Center to forward my official transcript to the institution(s) to which I am applying.
- ☐ 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