

## Step 1:

For form A: Complete student information including signature and date. Please make sure all highlighted areas are completed by student.

**THE COMMON APPLICATION** COLLEGE REPORT CR

**TO THE APPLICANT**

This form should be completed by a college official(s) who has access to your academic and disciplinary records. Please follow these steps to ensure the form is completed accurately and in its entirety. **Step 1:** Complete all relevant questions below, including the signature statement. **Step 2:** Give this form to a dean, advisor, or other college official who has access to your academic record and ask them to complete the academic portion of this form. **Step 3:** If the official completing the academic portion does not have access to your disciplinary record, please ask the individual to forward the form to a second official who can answer those questions before duplicating this form and mailing it to your colleges.

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

**Birth Date** \_\_\_\_\_ **CARD (Common App ID)** \_\_\_\_\_  
mm/dd/yyyy

**Address** \_\_\_\_\_  
Number & Street Apartment # City/Town County or Parish State/Province Country ZIP/Postal Code

**College/university you now attend** \_\_\_\_\_ **CEEB/ACT Code** \_\_\_\_\_

Current year courses—please indicate title, level, and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.

First Semester/Quarter	Grade	Second Semester/Quarter	Grade	Third Quarter	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How many college credits have you earned prior to this academic year? \_\_\_\_\_ How many college credits will you earn this academic year? \_\_\_\_\_

**IMPORTANT PRIVACY NOTICE:** By signing this form, I authorize every school that I have attended to release all requested records and recommendations to colleges to which I am applying for admission. I also authorize employees at these colleges to confidentially contact my current and former schools should they have questions about the information submitted on my behalf.

I waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

I DO NOT waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

I have chosen not to waive my right to review my recommendations and supporting documents. I understand that my decision may lead my counselors or teachers to decline to write recommendations on my behalf. I also understand that my decision may lead colleges to disregard any recommendations submitted on my behalf.

I understand that my waiver or no waiver selection above pertains to all colleges to which I apply and that my selections cannot be changed after any recommendation or application submission.

**Required Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **SIGN HERE**

**TO THE COLLEGE OFFICIAL**

If you have access to the applicant's academic and disciplinary records, please complete this form in its entirety. If you have access to the applicant's academic record only, please complete the relevant portion of this form, then forward to the appropriate official for completion of the disciplinary questions, and ask that individual to mail the form to the applicant's colleges after completion. **Do not mail this form to The Common Application offices.**

For form B: Complete applicant information.

**THE COMMON APPLICATION**

**Applicant Information**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**DOB (MM/DD/YYYY):** \_\_\_\_\_

**USD ID (if known):** \_\_\_\_\_

**Transfer College Report**

**Contacts**

**Official Name / Title** \_\_\_\_\_

**Email / Phone** \_\_\_\_\_

**Website / Profile** \_\_\_\_\_

**Institution / CEEB** \_\_\_\_\_

**Address** \_\_\_\_\_

**Academics**

**Cumulative GPA:** \_\_\_\_\_ on a \_\_\_\_\_ scale, covering a period from (mm/yyyy) \_\_\_\_\_ to \_\_\_\_\_

This GPA is  weighted  unweighted. The school's passing mark is: \_\_\_\_\_

Highest GPA in class \_\_\_\_\_

**Graduation** \_\_\_\_\_ (mm/dd/yyyy)

**Evaluation**

Is this applicant in good standing?  Yes  No

Is this applicant eligible to return to your institution?  Yes  No

If you answered "no" to either or both questions, please attach a document to provide details.

Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution?

Yes  No  School policy prevents me from responding.

To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime?

Yes  No  School policy prevents me from responding.

If you answered "yes" to either or both questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.

**Step 2:** After you have completed the required student section, email [zduran@sdccd.edu](mailto:zduran@sdccd.edu).

In the email, please include the following:

- Completed form
- student full name & CSID number
- list of universities to send to (please include email addresses)

**Step 3:** Student Affairs will forward to appropriate offices & universities.