

**TO THE APPLICANT**

After completing all the relevant questions below, give this form to a teacher who has taught you an academic subject (for example, English, foreign language, math, science, or social studies). If applying via email, please also give that teacher stamped envelopes and email to each institution that requires a teacher evaluation.

Legal Name \_\_\_\_\_  Female  Male  
(Last, first, middle initial, or name exactly as it appears on official documents) (First name) (Middle name) (Last name)

Birth Date \_\_\_\_\_ CAD (Common App ID) \_\_\_\_\_  
(Month/day/year)

Address \_\_\_\_\_  
(Street & street number) (Apt./suite #) (City/Town) (State/Province) (Country) (Postcode)

School you were attend \_\_\_\_\_ (School/ACT Code) \_\_\_\_\_

**IMPORTANT PRIVACY NOTICE:** Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you will have access to this form and all other recommendations and supporting documents submitted by you and on your behalf, unless at least one of the following is true:  
 1. The institution does not have recommendations post-matriculation (see list at [www.commonapp.org/FERPA](http://www.commonapp.org/FERPA))  
 2. You waive your right to access below regardless of the institution to which it is sent.  
 If Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.  
 If No, I do not waive my right to access, and I may, at any time, choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution agrees then after I matriculate.

Required Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO THE TEACHER**

The Common Application membership track cardid evaluations helpful in choosing from among highly qualified candidates. You are encouraged to keep this form in your private files for use should the student need additional recommendations. Please submit your evaluations promptly, and remember to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application office.

Teacher's Name (Mr./Mrs./Ms./Dr.) \_\_\_\_\_ (Please print or type) \_\_\_\_\_ Subject Taught \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Print name)

Secondary School \_\_\_\_\_

Address \_\_\_\_\_  
(Street & street number) (City/Town) (State/Province) (Country) (Postcode)

Teacher's Telephone (Area/County/City Code) \_\_\_\_\_ Number \_\_\_\_\_ Area \_\_\_\_\_ Teacher's E-mail \_\_\_\_\_

**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? \_\_\_\_\_

In which grade level(s) was the student enrolled when you taught him/her?  8  10  11  12  Other \_\_\_\_\_

List the courses in which you have taught this student, including the level of course difficulty (AP/IB, accelerated, honors, elective, 100-level, 200-level, etc.).