

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:

- The institution does not save recommendations post-matriculation (see list at www.commonapp.org/FERPA).
- 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 _____