

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 exclusively need not complete this form.**

TO THE APPLICANT

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

Birth date _____ Social Security # _____
mm/dd/yyyy (Optional)

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____ CEEB/ACT code _____

TO THE SECONDARY SCHOOL COUNSELOR

What is the primary language of instruction in your secondary school? _____

Is promotion within your educational system based upon standard examinations (for example: Abitur, GCSE/A-Level, ICSE/ISC, etc.) given at the end of lower and/or senior secondary school by a state or national examinations board? Yes No

If yes: Please attach an official copy of this student's lower secondary examination results. If the student has already taken senior secondary leaving exams, please include an official copy of the results. If this applicant's senior secondary leaving exam results are not yet available, please indicate predicted results on the reverse. If you have already forwarded these results with the Secondary School Report, you do NOT need to attach another copy to this form.

If no: Please attach 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. If you have already forwarded a full transcript with the Secondary School Report, you do NOT need to attach another copy to this form.


Senior secondary leaving examinations

Date of exam (month/year)	Examining board	Academic subject	Predicted result	Actual result
Overall result				

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 _____
mm/dd/yyyy

Title _____ School _____

School address _____
City/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 _____