

To be used by students applying for the Spring 2008, Fall 2008, or Spring 2009 college term. 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.

INSTRUCTIONS

You may leave all school contact information (bottom of page 2) blank if you are stapling this Home School 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 be used by home school supervisors only.

TO BE COMPLETED BY THE STUDENT

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

QUESTIONS TO BE COMPLETED BY THE HOME SCHOOL SUPERVISOR

Philosophy

Please tell us why home schooling was chosen for this student, and explain your home schooling philosophy.

Grading Scale

Please explain the grading scale or other methods of evaluation.

Outside Evaluation

If the student has taken courses from a distance learning program, traditional secondary school, or institution of higher education, please detail them here. In addition, if the student has taken any standardized testing other than those listed on page 2 of the Common Application, please also describe below.

TRANSCRIPT TO BE COMPLETED BY THE HOME SCHOOL SUPERVISOR

Subject	Course Title	Date (To/From)	Grade	Level (AP/College)
English	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Math	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Science	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Social Studies	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Foreign Language	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Arts	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Supervisor's name (Mr./Ms./Dr., etc.) _____
Please print or type

Signature *Date*

Supervisor's address _____
City or Town *State/Province* *Country* *ZIP/Postal Code*

Supervisor's phone (_____) _____ Supervisor's fax (_____) _____
Area Code *Number* *Ext.* *Area Code* *Number*

Supervisor's e-mail _____