

APPLICANT

Student Name _____ Date _____

Date of Birth (mm/dd/yyyy) ____/____/____

UChicago Application ID / Reference # _____

**UNIVERSITY
OFFICIAL**

Please give this form to a University Official (typically a Registrar or Dean with access to both your academic and disciplinary records) to fill out the following sections.

Institution Name _____ CEEB _____

Address _____

Name of Official _____

Title _____

Phone _____ Email _____

SUMMARY

Dates Attended (mm/yyyy) _____ to _____

Cumulative GPA _____ Scale _____

Projected Graduation Date (mm/yyyy) _____

Is this student in good academic standing?

☐ Yes ☐ No

Is this student eligible to return to your school?

☐ Yes ☐ No

If you answered no to either of the previous questions, please attach an explanation.

Sign Date

After signing, please email, fax, or mail this form directly to the Office of College Admissions at the University of Chicago. Electronic submission is preferred.

MAIL

The Office of College Admissions
Rosenwald 129
1101 E 58th Street
Chicago, IL 60637

FAX

773.702.0661 or 773.834.5297

EMAIL

collegeadmissions@uchicago.edu