



Common Application Supplement Freshman Admission 2010

Office of Admission-MS 17 • P.O. Box 1892 • Houston, Texas 77251-1892 • 1-800-527-OWLS • www.rice.edu/admission

1. Name _____
Last First Middle (Complete) Preferred Name

2. Social Security Number _____ 3. Date of Birth _____
Month/Day/Year

4. Permanent Address _____
Street Address

City State/Province Zip/Postal Code Country

5. Home Phone _____ 6. Student E-mail _____

7. If you are a U.S. citizen or permanent resident living outside the U.S., how long have you lived outside the U.S.?

8. List all languages that you speak fluently, except your native language if it was reported on the Common Application.

9. Where were your parents born?
Parent 1 Name _____ Birthplace (City/State and Country) _____
Parent 2 Name _____ Birthplace (City/State and Country) _____

10. If your parents are divorced, and you would like your other parent(s) to receive information from Rice, please complete the following if not already reported on the Common Application (Circle Parent or Stepparent):
Parent/Stepparent 1 Name _____ Birthplace (City/State and Country) _____
Parent/Stepparent 2 Name _____ Birthplace (City/State and Country) _____
Permanent Address _____
Home phone number _____ E-mail address _____

11. If applicable, please provide stepparent information:
Stepparent 1 Name _____ Stepparent 2 Name _____
Address _____ Address _____
Occupation _____ Occupation _____
Name of Employer _____ Name of Employer _____
College(s) attended _____ College(s) attended _____

12. Are any of your parents/guardians employed by: Yes No (Check all that apply)
- Austin College (TX) Marathon Oil Rice University (TX) Trinity University (TX)

If yes, who? _____ Mother Father Guardian
 Name Relationship

13. List any relatives who have attended Rice and their relationship to you. Include their years of attendance, graduation dates, and degrees received.

Name	Current Student	Alumnus/ Alumna	Years of Attendance	Graduation Date	Degree Received
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Father	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Mother	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Sibling 1	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Sibling 2	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Uncle	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Aunt	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

14. Do you have a sibling also applying to Rice this year? yes, sibling name: _____ no
- If so, are you a twin? yes no

15. Are you interested in the Rice/Baylor College of Medicine Medical Scholars Program?

Check one: yes no

Students must submit the Common Application, the Rice Supplement, and the Rice/Baylor Medical Scholars Application to Rice no later than DECEMBER 1 to be considered for this program.



Signature Page Freshman Admission 2010

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You may submit your responses to the questions on the Signature page online or through print/mail.

23. Check one of the following:

- I am choosing to submit my responses to the Signature page online with the Supplement.
- To submit online with your Supplement, insert an image in the box and complete the rest of the form.

or

- I am choosing to print my responses to the Signature page and submit it via mail.
- To submit through the mail separately from your Supplement, print the Signature page and complete by hand.
The print version of the Signature page is on the web at
<http://www.futureowls.rice.edu/images/futureowls/FreshmanSignaturePage.pdf>.

Note that your response to question #24 must be a two-dimensional, scannable image.
Mail the Signature page to:

Office of Admission - MS 17
PO Box 1892
Houston, TX 77251-1892

24. Fill the box to the right with something that appeals to you.
Your response must be a two-dimensional, scannable image.

25. I certify that I will, if admitted, abide by and support the Honor System at Rice University.

Printed Name _____

Date _____