



**Pitt Public Health Science Academy  
Counselor/Teacher Recommendation Form**

**This section to be completed by student**

Please complete the form below with my academic information, including my GPA, for my application to the Pitt Public Health Science Academy.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date of request:** \_\_\_\_\_ **Student Email:** \_\_\_\_\_

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**This section to be completed by high school counselor or science teacher**

Note: This form is used by the Pitt Public Health Science Academy solely for the purpose of admission consideration to the Academy. It will not become part of the student's permanent record at the University of Pittsburgh.

**Name of individual completing recommendation form**

\_\_\_\_\_

**Recommender's job title**

\_\_\_\_\_

**Recommender's email address**

\_\_\_\_\_

**Recommender's phone number**

\_\_\_\_\_

**High school attended by student**

\_\_\_\_\_

**Student's grade in Fall 2024**

11<sup>th</sup>

12<sup>th</sup>

**What is the student's current GPA?** \_\_\_\_\_

**Has the student successfully completed a biology class? (or, is it expected they will by the end of the current school year?)**

Yes

No

**Admission recommendation**

- Recommend
- Do not recommend
- Recommend with reservations

Please provide any information that may be of value in determining this student’s admission to the Pitt Public Health Science Academy.

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\_\_\_\_\_  
**Recommender's signature**

\_\_\_\_\_  
**Date**

Please email the completed and signed recommendation form to [phsa@pitt.edu](mailto:phsa@pitt.edu) by **5 p.m.** on **April 1, 2024**. Or, you may return this form to the student for them to upload with their online application to the Academy by the same deadline.