



University of
Pittsburgh
School of Public Health

**Public Health Science Academy
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:** _____

This section to be completed by high school teacher

Note: This form is used by the 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 2025

- 11th
 12th

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

