

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 <u>Fall 2025</u> $O_{11^{th}}$ $O^{12^{th}}$

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

- C Recommend
- Do not recommend
- Recommend with reservations

Please provide any information that may be of value in determining this student's admission to and ability to succeed in the Pitt Public Health Science Academy. Some thoughts to consider: the student's attendance and participation in class, the student's work ethic, the student's ability to communicate professionally via email and in person, the student's ability to work independently, and the student's interest in public health or related fields.

Recommender's signature	Date
Recommender's signature	Date

Please email the completed and signed recommendation form to phsa@pitt.edu by **5 p.m.** on **March 3, 2025**. Or, you may return this form to the student for them to upload with their online application to the Academy by the same deadline.