



**Pitt Public Health Science Academy
Counselor 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 counselor

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 counselor completing recommendation form

Counselor's job title

Counselor's email address

Counselor's phone number

High school attended by student

Student's grade in Fall 2023

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

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.

Counselor's signature

Date

Please email the completed and signed recommendation form to phsa@pitt.edu by **5 p.m.** on **April 11, 2023**. Or, you may return this form to the student for them to upload with their online application to the Academy by the same deadline.