



Georgia State University

Office of Admissions

P.O. Box 4009
Atlanta, GA 30302-4009
(404) 413-2500
FAX (404) 413-2002

Dear Application Review Committee:

_____ has applied for admission to Georgia State University for the _____ semester of _____. My recommendation is below.

Student's Date of Birth: _____

Numeric Average: _____

Rank in Class: _____ out of _____

Number of AP and College courses taken by graduation: _____

Course load difficulty:

- Highest possible (mostly AP/College Courses) Advanced (some AP courses)
 Above average (some Honors courses) Average (standard College Prep courses)

Unique characteristics about this student include (i.e. academic, co-curricular, leadership, etc.):

- _____
- _____
- _____

Based on my interactions with this student and their academic records, I recommend this student for admission to Georgia State:

- Enthusiastically
 Strongly
 Fairly Strongly
 With Reservation

Please tell us anything else you think we might want to know about this student.

High School Counselor or Teacher Name: _____

High School Name: _____

Signature: _____

Date: _____