

THE UNIVERSITY OF GEORGIA
TEACHER RECOMMENDATION FORM

REQUIRED with **PART II** **of the application.**

Date Loaded _____

***If your high school uses another electronic document system such as Naviance or Parchment, we are okay if you choose not to use our form and instead submit a letter of recommendation by your school's alternate system.**

Required for Regular Decision, deferred Early Action, and Joint or Advanced Enrollment Applicants only (limit one)

To the applicant Please complete the top portion of this form, then give it to one of your Junior or Senior year teachers of English, Mathematics, Science, Social Science, or Foreign Language. If possible, request that the teacher writing your recommendation return this form to you in a sealed envelope for submission with your application for admission. Otherwise, please provide your teacher with a stamped envelope addressed as follows: **Office of Undergraduate Admissions; Terrell Hall; The University of Georgia; Athens, GA 30602-1633.**

Applicant's full name _____
LAST
FIRST
MIDDLE
S U F F I X (J R . , I I I , E T C .)

Date Of Birth _____ / _____ / _____
MONTH
DAY
YEAR

High School _____ **City / State** _____

Note: All materials for admission consideration should be submitted as soon as possible, but no later than the postmark deadlines. Please refer to the Decision Plan in the student's section above for the specific date by which this completed form must be submitted.

To the teacher Recommendations are an important part of both admission and scholarship consideration at the University of Georgia. Please complete this form and either return it to the applicant in a sealed envelope or mail it to the address above as soon as possible, but no later than the postmark deadlines outlined above. If you have any questions or concerns, please visit our Web site at www.admissions.uga.edu or contact a UGA admissions counselor at **706-542-8776**, selecting option #3 (for high school officials only).

Teacher's name _____
LAST
FIRST
MIDDLE

Email _____ **Phone** _____

In which subject area have you taught this student? English Mathematics Science Social Science
 Foreign Language Course Title (s) _____

Illustrate the student's motivation and work habits in the classroom.

How does this student express his/her creativity and imagination?

Describe any special talents or exceptional experiences you know this student to possess.

I recommend this applicant for admissions to the University of Georgia.

	<i>Not recommended</i>	<i>Moderately</i>	<i>Confidently</i>	<i>Strongly</i>	<i>Enthusiastically</i>
For academic promise	○	○	○	○	○
For character and personal promise	○	○	○	○	○
Overall	○	○	○	○	○

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Full Name _____
LAST FIRST

Date Of Birth _____ / _____ / _____
MONTH DAY YEAR

The faculty admissions committee finds personal comments extremely important in the selection process. We would greatly appreciate a frank and full statement about this applicant. We hope that your statement will include an assessment of both intellectual and personal qualities, indicating any particular strengths and weaknesses. Please feel free to attach an additional sheet or letter; be sure to include the student's full name and date of birth as both appear above.

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Full Name _____
LAST FIRST

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MONTH DAY YEAR

Teacher's Signature _____ Date _____