



# 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: \_\_\_\_\_