

THE UNIVERSITY OF GEORGIA
2008 TEACHER RECOMMENDATION FORM

REQUIRED with **PART** of the application.

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 SUFFIX

Social Security Number _____ **Date of birth** _____ / _____ / _____
MONTH DAY YEAR

High school _____ **City/State** _____

Decision plan Regular Decision/Deferred Early Action/Advanced Enrollment Joint Enrollment Spring Admission
Deadline: January 15 Deadline: May 1 Deadline: September 15

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 _____

E-mail _____ **Phone** _____

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

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 admission to the University of Georgia.

| | <i>Not recommended</i> | <i>Moderately</i> | <i>Confidently</i> | <i>Strongly</i> | <i>Enthusiastically</i> |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| For academic promise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For character and personal promise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REQUIRED with PART II of the application.

Full Name

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.

Teacher's signature _____ **Date** _____