

SIU SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE **SCHOOL OF
ACCOUNTANCY**



SOAR

Saluki Opportunities in Accounting Residency

2023 SUMMER PROGRAM RECOMMENDATION

**Southern Illinois University
Carbondale, IL
June 18 - June 24, 2023**



2023 SIU SOAR Program

RECOMMENDATION FORM

2023 RECOMMENDATION FORM

*The applicant is required to submit two (2) letters of recommendation; one from a teacher and one from a counselor, coach, club/group advisor, employer, etc. The purpose of this form is to replace or supplement a written letter for each of our applicants to determine those students who will be best served by the program.

Applicant's Name _____

School _____ Grade _____

How long have you known the applicant? _____

How much contact have you had with this student?

☐ Frequent ☐ Some ☐ Minimal ☐ None (If none, please sign & return to SOAR)

How would you describe the applicant's motivation?

☐ Strong ☐ Fair ☐ Weak

How would you describe the applicant?

(Please check all that Apply, and provide a brief explanation of Unacceptable marks.)

| | EXCELLENT | GOOD | NEEDS IMPROV. | UNACCEPTABLE | UNSURE |
|-----------------------------|-----------|------|---------------|--------------|--------|
| Goal Setting/Follow Through | | | | | |
| Respect for Others | | | | | |
| Initiative | | | | | |
| Stays on Task | | | | | |
| Works well with Others | | | | | |
| Promptness | | | | | |
| Creativity | | | | | |

Please check **skills and/or aptitudes**, which apply to applicant:

___ Outgoing involvement

___ Exhibits Leadership

___ Strong community

___ Responsible

___ Overcomes obstacles

___ Involved in school activities

___ Bilingual

___ Balances work and school well

___ Strong willed

___ Positive influence

___ Role model

___ Humility

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In your opinion, is this student motivated toward studying accounting and/or business, and exploring a business career? (Attach additional pages if necessary)

Other (Please list) _____

Please include any other comments that would help in the evaluation of this applicant for acceptance in the SOAR Program (attach additional pages if necessary).

Please Print Name _____ Title _____

Please Sign Name _____ Date _____

We appreciate your assistance in completing this form. Please return the form as soon as possible to the student or the SOAR program by any of the methods listed below. **The student's application will not be complete until this recommendation form or letter of recommendation is received.** Thank you for your assistance.

Email: soar@siu.edu

FAX: 618-453-7961 Attn: Nija Harvey

OR

Mail to: School of Accountancy
Southern Illinois University
ATTN: SIU SOAR
Rehn Hall, RM 232 - MC 4631
1025 Lincoln Drive
Carbondale, IL 62901

****Please allow 2-5 business days for delivery****