

SOAR X Recommendation Form



Student name _____

Grade level _____

Recommender name _____

Employer name and city/state _____

Recommender email address _____

Recommender phone number _____

Nature and duration of relationship to student _____

The student named above has applied to the SOAR X pre-college summer program hosted by Xavier University of Louisiana. SOAR X is a 4-week intensive program that endeavors to prepare the next generation of highly educated professionals for success during and after college. Since 1977, SOAR X students have been challenged, tested, and held to a high standard of excellence as they discover how they will change the world.

As part of the application process, a formal recommendation is required from a teacher, counselor, coach, mentor, or other non-family adult who can attest to the student's academic performance and character.

Please complete and return this form electronically via email to summerprograms@xula.edu no later than **March 1st**. Please note that the student's application will not be reviewed until this form is received.

Please rate the student's ability in each of the following areas:	<i>Please place an X in one box per row</i>				
	N/A	Poor	Fair	Good	Excellent
Academic Traits					
Timely Completion of Assignments					
Class Participation					
Interest in Learning					
College Readiness					
Ability to Work in Groups					
Social-Emotional Traits					
Relationship to Peers					
Respect for Authority					
Behavior & Etiquette					
Moral Character					
Maturity					
Comments:					



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A. In your opinion, based on your knowledge and observations of the student, is the student capable of conducting themselves in an mature and courteous manner in a college setting where they will interact with a large number of diverse students?

(Please place an X by the corresponding statement)

____ Yes

____ No

____ Cannot assess

B. Considering all attributes of the student, do you recommend them for SOAR X?

(Please place an X by the corresponding statement)

____ I highly recommend this student for SOAR X

____ I recommend this student for SOAR X

____ I recommend with reservations

____ I cannot recommend

C. Please share any other information that you believe is pertinent and will help us to evaluate the student's academic potential, capacity to benefit from our program, and ability to learn.

Recommender's Signature _____

Date _____