

## 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 into and through 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 the form electronically via email [summerprograms@xula.edu](mailto:summerprograms@xula.edu) by **March 1**. Please note that the student's application will not be reviewed until this form is received.

Based on your observations/knowledge of:	<i>Please place an X in one box per row</i>				
	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
Discipline/Behavior in Class					
Timely Completion of Assignments/Homework					
Class Participation					
Interest in Learning					
Ability to Work in Groups					
Character and Integrity					
Social and Interpersonal Relationships with Peers					
Maturity					
Respect for Authority					
Please provide any additional comments or explanations:					

Recommender's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Nature and duration of relationship to student \_\_\_\_\_

A. In your opinion, based on your knowledge and observations of the student, Is the student capable of conducting themselves in an orderly 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,

*(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 \_\_\_\_\_