AICPA® Leadership Academy

Reference Questionnaire Form

SECTION 1

REFERENCE NAME:

TITLE:

ORGANIZATION:

BUSINESS ADDRESS:

CITY: STATE: ZIP:

PHONE:

EMAIL:

APPLICANT'S NAME:

APPLICANT'S EMAIL:

RELATIONSHIP TO APPLICANT:

HOW LONG HAVE YOU KNOWN THE APPLICANT?

SECTION 2

In your opinion, why should the applicant be accepted to the AICPA Leadership Academy? What makes him or her unique as a potential leader of your organization and the profession?

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