

RECRUITING STUDENT INFORMATION FORM

SCHOOL OF ACCOUNTANCY

118 College Drive #5178 | Hattiesburg, MS 39406

Phone: 601.266.4641 | Fax: 601.266.4642 | usm.edu/business/accounting



PERSONAL INFORMATION

Date form completed _____ / _____ / _____
Month Day Year

Name _____
Last First Middle Preferred

Current Address: _____ Permanent Address: _____

Street _____ Street _____

City State Zip _____ City State Zip _____

Phone _____ Phone _____

Email Address _____ Email Address _____

WORK PREFERENCES

Work Preference (check one): Internship Full-time

If you checked internship, date available to begin work (check one):

Spring Summer Available for either spring or summer

If you checked full-time, date available to begin full-time employment: _____ / _____
Month Year

Type of work desired:

Public Accounting Practice Preference
Work preferences (if applicable): _____

[1 = first choice;
2 = second choice (if applicable);
3 = third choice (if applicable)]:

____ Audit Work preferences (if applicable): _____

____ Tax Work preferences (if applicable): _____

____ Other (Advisory, Forensics, Accounting Information Systems, Consulting, etc.)

Corporate/Industry
Work preferences (if applicable): _____

Government
Work preferences (if applicable): _____

Not-for-profit
Work preferences (if applicable): _____

Geographic Location Preference [1 = first choice; 2 = second choice (if applicable); 3 = third choice (if applicable)]:

____ Greater Hattiesburg Area _____ Birmingham, Ala. _____ Other U.S.

____ Mississippi Gulf Coast _____ Memphis, Tenn. _____ Specify cities/states of interest below:

____ Jackson, Miss. _____ Atlanta, Ga. _____

____ New Orleans, La. _____ Houston, Texas _____ International

____ Mobile, Ala. _____ Dallas, Texas _____ Specify cities/countries of interest below:

Do you have reliable transportation to meet the requirement to travel to multiple work sites?

Yes No Additional comments, if necessary: _____

SCHOOL INFORMATION

Graduation Dates (actual or anticipated):

Undergraduate _____ / _____ Degree to be awarded: BSBA-Accounting
Month Year Other (describe): _____

Graduate _____ / _____ Degree to be awarded (check one): MPA MBA Other (describe): _____
Month Year

Total number of hours completed (per current transcript): _____

Date at which 150 hours are anticipated to be completed (for CPA exam eligibility): _____ / _____
Month Year

Overall Cumulative GPA (per current transcript): Undergraduate _____ Graduate _____ Accounting GPA _____

School information continued on page 2

RECRUITING STUDENT INFORMATION FORM

SCHOOL INFORMATION *(continued)*

Accounting courses completed *(per current transcript)*:

Course Number	Course Description	Grade
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____

Accounting courses currently in progress this semester:

Course Number	Course Description	Instructor
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____
ACC _____	_____	_____

Member of Beta Alpha Psi? Yes No
 Member of other academic honorary organizations? No Yes If yes, describe: _____

Examination results *(If not applicable, leave blank.)*

ACT _____ Composite	GMAT _____ Total Score	GRE _____ Verbal
_____ English _____ Math	_____ / _____ Date Taken	_____ Quantitative
SAT _____ Composite	_____ / _____ Date Taken	_____ Analytical Writing
	Month Year	Month Year

I affirm that the above statements are true and authorize the School of Accountancy and/or USM Career Services to supply potential employers with résumés, transcripts, letters of recommendation, and any other information deemed useful. By typing my name in the box below, I authorize this be used in place of my signature.

Signature _____ Date _____ Student ID # _____