

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Honors Program

Application for Admission

Date: _____

This application should be submitted **only** after you have been admitted to Southern Illinois University Edwardsville.

Name: Miss/Ms./Mrs./Mr. _____
(Last) (First) (M.I.)

Address: _____
(Street) (City) (State) (ZIP)

Telephone: _____ Social Security Number: _____
(Area Code) (Number)

Date Admitted to SIUE: _____ E-mail Address: _____

Class Status: Freshman _____ Sophomore _____ Junior _____ Senior _____

References from university or high school faculty (minimum of three required)

Name of Reference	SIUE Dept./High School/Other Univ. and Address or Telephone Number

Academic Awards, Recognitions, etc.
Extracurricular, Community, and/or Social Activities:
Work Experience:

In the space below, please elaborate on your expectations, your academic strengths, and your plans for the future. Please discuss how the Honors Program will be of benefit in achieving your goals.

[Empty space for writing]

Signature: _____

Date: _____

Please return this form to:
Office of the Provost
Honors Program
Campus Box 1021
Southern Illinois University Edwardsville
Edwardsville, IL 62026-1021

Do not write below this line; for office use only.

Admitted: _____
(Signature) (Date)

Adviser: _____
(Name) (Date)

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

EVALUATION OF HONORS PROGRAM CANDIDATE

TO THE APPLICANT: Please generate three copies of this form. Each copy must be given to an instructor under whom you have taken a course or courses at high school or college. Please **PRINT** your name in Line A and Sign on Line B.

A _____

B _____

TO THE INSTRUCTOR: The above student is being considered for admission to the Honors Program. Any comments that you care to make about his or her intellectual promise will be useful in making a decision.

1.	I consider this person to be among the upper _____ percent of students.
2.	He or she is the type of person who has the capability to pursue a faster and more challenging academic curriculum. Yes _____ No _____
3.	He or she is the type of student who will benefit from an individualized program of study. Yes _____ No _____
4.	In my judgment, this student will be able to maintain a cumulative GPA of at least 3.0 (on a 4.0 scale) during his or her undergraduate career. Yes _____ No _____
5.	Please make any other comments which will assist us in evaluation of this person's application for admission to the Honors Program. Specific comments regarding scholarly and intellectual abilities, talent, and motivation will be helpful. Continue on the reverse side, if necessary.

Return this form to:

Office of the Provost
Honors Program
Campus Box 1021
Southern Illinois University Edwardsville
Edwardsville, IL 62026-1021

Signature: _____

Name: _____

(please print or type)

Date: _____