



HONORS PROGRAM APPLICATION

Name: _____ Date of Birth: _____

Address: _____
Street _____ City _____
State _____ Zip _____ Phone Number _____

E-mail: _____ High School Graduation Date: _____

Name of High School Attended: _____

Unweighted G.P.A. _____ ACT _____ SAT _____

Please check if expecting any of the credit below and indicate number of credit hours:

- AP _____
- AICE _____
- DE _____
- IB _____

UWF Scholarships Awarded: _____

Intended or Current Major: _____

When do you intend to begin course work at UWF? _____

Answer the questions below if transferring from a community college, university or college.

Name of Institution: _____

Do/did you participate in an honors program or college? Y / N

If yes, name of honors dean or director: _____

Number of honors credit hours from previous institution: _____

Please list all honors courses completed at previous institution(s) on a separate sheet.

◆ Please include a letter of recommendation with your application and send to:

University Honors Program
Building 50, Room 224
11000 University Parkway
Pensacola, FL 32514

For Office Use Only:

Date: _____

____ <45 s.h.

Honors Staff Approval: _____

____ >45 s.h.