



HONORS PROGRAM APPLICATION

Name: _____ Date of Birth: _____

UWF Student ID: _____

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 _____
- DE _____
- AICE _____
- IB _____

UWF Scholarships Awarded: _____

Intended or Current Major: _____

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

◆ Please include a letter of recommendation with your application (application will not be processed until it is received) and send to:

University Honors Program
Pace Hall
11000 University Parkway
Pensacola, FL 32514

For Office Use Only:	Date: _____
A: _____	
A/P: _____	Honors Staff Approval: _____
D: _____	