



# HONORS PROGRAM APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

UWF Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Phone Number

E-mail: \_\_\_\_\_

Name of Institution Attended: \_\_\_\_\_

Unweighted G.P.A. \_\_\_\_\_ Number of credit hours from previous institution \_\_\_\_\_

Did you participate in an Honors program/college? Y/N

If yes, name of Honors dean or director: \_\_\_\_\_

*\*If you have completed Honors courses, please attach a list with course titles and descriptions.*

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: _____	