OFFICE USE ONLY

Date: _____

Advisor Initials: _____

University Honors Scholars Program Application Form

Name: _____ Student ID#: _____

Local Address: _____
Street *City* *State* *Zip Code*

U of L e-mail: _____ Phone #: _____

Major: _____ Minor: _____

Semester admitted to UofL: _____ Expected Graduation Date: _____

Total # of hours earned: _____ Current Semester Hours: _____

Cumulative G.P.A.: _____ G.P.A. in Honors Courses: _____
(*Must be at least a* 3.5) (*Must be at least a* 3.0)

Honors Courses:

(*list courses taken to date, including current enrollment*)	***Grade***	***Semester***
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DEPARTMENTAL HONORS COURSE OR UNDERGRADUATE RESEARCH CREDIT:

_____	_____	_____