

**APPLICATION TO UNIVERSITY HONORS PROGRAM**

Name (Last, First, MI): \_\_\_\_\_ Student ID#: \_\_\_\_\_  
 UW-W Major (if known): \_\_\_\_\_ Email address: \_\_\_\_\_

**Which Honors Activities would you be interested in?**

- |  |   |
|--|---|
| <input type="checkbox"/> Honors Classes            | <input type="checkbox"/> Honors Student Association (HSA) |
| <input type="checkbox"/> H-Option Projects         | <input type="checkbox"/> Honors Conferences               |
| <input type="checkbox"/> Service/Learning Projects | <input type="checkbox"/> Study Abroad                     |
| <input type="checkbox"/> Honors Learning Community | <input type="checkbox"/> Other: _____                     |

**Goals that you wish to accomplish in the University Honors Program:**

**Incoming First-Year Applicants**

Class ranking \_\_\_\_\_ out of \_\_\_\_\_  
(# in graduating class)  
 Class ranking \_\_\_\_\_ %  
 ACT or SAT scores:  
 Composite: \_\_\_\_\_  
 Math: \_\_\_\_\_  
 English: \_\_\_\_\_  
 Science: \_\_\_\_\_  
 Reading: \_\_\_\_\_  
 SOAR Date: \_\_\_\_\_

**Continuing UWW Student Applicants**

UWW Cumulative GPA: \_\_\_\_\_  
 # of UWW credits completed: \_\_\_\_\_  
 Major (if known): \_\_\_\_\_  
 Yes, I am a McNair Scholar  
 In cohort year \_\_\_\_\_ to \_\_\_\_\_

**Transfer Student Applicants**

Which institution are you transferring from? \_\_\_\_\_  
 Do you have any honors credits that may transfer? \_\_\_\_\_  
 If so, how many? \_\_\_\_\_  
 Major (if known): \_\_\_\_\_  
 Transfer SOAR Date (if applicable): \_\_\_\_\_

\*Please attach a transcript from your prior institution to this application.

I verify the information above is accurate to the best of my knowledge. If you are filling this form out electronically, please check this box to verify the information above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Send completed applications to:**  
 University of Wisconsin-Whitewater  
 University Honors Program  
 McCutchan Hall, Lower Level  
 253 Carter Mall  
 Whitewater, WI 53190

E-mail: [honors@uww.edu](mailto:honors@uww.edu)  
 Phone: 262-472-1296

**Administrative Section:**

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>	Initials: _____	Date: _____
Student notified: _____		Initials: _____	Date: _____
Processed: _____		Initials: _____	Date: _____
HSA New Member: _____		Initials: _____	Date: _____