

Eastern Illinois University

DEPARTMENTAL HONORS PROGRAM APPLICATION

Department _____ Date _____

Major(s) _____ Minor(s) _____

Name _____ E-number _____
Last First MI

Local Address _____ Phone _____

Home Address _____ Cell Phone _____
street

_____ Gender _____
city state zip code

E-mail Address _____

Eastern Illinois University Grade Point Average _____

Major Grade Point Average _____ ACT Score _____ Expected Date of Graduation _____

Hours of EIU Course Work Completed _____ Class Standing (sophomore, junior, senior) _____

<u>Departmental Honors courses to be completed</u>	<u>Credit hours</u> (Must total at least 12 hours)*	<u>Semester to be completed</u> (semester/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Or as designated by the department.

 Student Signature Date

 Department Coordinator Signature Date

 Dean of Honors College Signature Date

**Please send to: EIU Honors College - Departmental Honors
 600 Lincoln Avenue - Booth House
 Charleston, IL 61920