

Eastern Illinois University

DEPARTMENTAL HONORS PROGRAM APPLICATION

Department _____ Date _____

Major(s) _____ Minor(s) _____

Name _____ Social Security Number _____
Last First MI

Campus Address _____ Phone _____

Home Address _____ 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 Course Work Completed _____ Class Standing (sophomore, junior, senior) _____

<u>Courses Taken</u>	<u>Semester</u> (semester/year)	<u>Tentative Departmental</u> <u>Honors Courses</u>	<u>Tentative</u> <u>Semester</u> (semester/year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Student Signature _____ Date

_____ Department Coordinator Signature _____ Date

_____ Dean of Honors College Signature _____ Date

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