



APPLICATION FORM

THE HONORS COLLEGE
Arkansas State University

FOR OFFICE USE ONLY
Sem/Year __F__S__Sum / __
Date Processed __ / __ / __
Dues __ HC __

CONTINUING STUDENT

Name _____ Hometown _____
Semester / Year Seeking Honors Enrollment __ fall __ spr __ sum / 20 __

ASU Student Number: _____
ASU Local Address: _____
ASU / Local Phone: _____
Cell Phone: _____
Frequently Used Email: _____

Major (if decided): _____
Minor: _____
Advisor (if assigned): _____
Year First Enrolled at ASU: _____

I understand that to be considered an active member of The Honors College at Arkansas State University I must:

- 1) be enrolled in and complete at least one honors course this semester,
2) participate in the student organization, the Honors College Association, &
3) complete and file this application form each semester taking honors.

Should I fail to complete these requirements, I forfeit the right to special housing and other benefits provided to The Honors College student.

signature _____
date _____

This form can be returned to The Honors College in The ASU Library, Rm #103, by mail at The Honors College, PO Box 2889, State University, AR 72467-2889 or via fax at 870-972-3884