

## Honors Program Application

Please complete all information by typing your responses on this form. Print the completed form, sign and date it, and return to Angie Johnson, College of Health Sciences Honors Program director, located in Fieldhouse 106. The application will be reviewed, and you will be notified of your acceptance or rejection within two weeks of submission. Thank you.

### Part 1: Student Information

Variable	Student Response
Student Name	
Student UID #	
Student Major (Health Sciences or PETE)	
Student Concentration (ESMS, HCL, HLSC, NUTR, PETE)	
Cumulative GPA (to be confirmed by the Program Director)	
Current Class (Freshman, Sophomore, Junior, Senior)	
Anticipated Semester/Year of Graduation	
Enrolled in Helen Hardin Honors College (Yes or No)	
<i>Honors Course Completed: List course Prefix and Number</i>	
<i>Honors Course Completed: List course Prefix and Number</i>	
<i>Honors Course Completed: List course Prefix and Number</i>	
Student <i>UofM</i> Email Address	
Student <i>Personal</i> Email Address (e.g., Gmail, yahoo, etc.)	
Student Cell Phone Number	
Student Mailing Address	

## **Part 2: Verification of Information**

I certify that the information I have provided above is complete and accurate to the best of my knowledge. If any information is falsified, I will be rejected from the program and not allowed to reapply later.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Part 3: Student Statement of Interest**

Please explain in 300 words or less why you desire to take part in the College of Health Sciences Honors Program. Why is this important to you? What are your career aspirations and how will this experience help you to achieve your goals? Be succinct in your statement.