## University Honors Program Application

|                                                                                   | -                                                                       |                                                               |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------|
| Name (Last, First, MI):                                                           | Student ID#:                                                            |                                                               |
| Email Address:                                                                    | UWW Major (if known):                                                   |                                                               |
| Which Hon                                                                         | ors Activities would you be in                                          | iterested in?                                                 |
| Honors Classes                                                                    | Earning Honors Exchang                                                  |                                                               |
| H-Option Projects King/Chavez Sc                                                  |                                                                         | cholars Program                                               |
| Service/Learning Projects McNair Scholars                                         |                                                                         | 's Program                                                    |
| Honors Learning Community Undergraduate                                           |                                                                         | Research Program                                              |
| Honors Student Association (HSA)  Office of Global Experiences (Study Abroad)     |                                                                         | ıl Experiences (Study Abroad)                                 |
| Honors Conferences Community Based Learning                                       |                                                                         | sed Learning                                                  |
|                                                                                   |                                                                         | . University Heneva Draws                                     |
| What are some goals that you wish to accomplish in the University Honors Program? |                                                                         |                                                               |
| Incoming First-<br>Year Applicants                                                | Continuing UWW Student Applicants                                       | Transfer Student Applicants                                   |
| Unweighted High School                                                            | • UWW Cumulative GPA:                                                   | <ul> <li>Institution transferring</li> </ul>                  |
| GPA:                                                                              | Number of UWW credits                                                   | from:                                                         |
| • ACT or SAT Scores                                                               | completed:<br>• Yes, I am/was a King/Chavez                             | <ul> <li>Any honors credits that<br/>may transfer?</li> </ul> |
| (Composite):                                                                      | Scholar in cohort year                                                  | How many?                                                     |
| • SOAR Date:                                                                      | Yes, I am/was a McNair Scholar                                          | Transfer SOAR Date     (if applicable):                       |
|                                                                                   | in cohort year to                                                       | (if applicable):  • Please attach a transcript                |
| Where to send                                                                     | ,                                                                       | from your prior institution                                   |
| your application                                                                  |                                                                         | to this application.                                          |
| University of WI-Whitewater University Honors Program McCutchan Hall, Lower Level | I verify the information above is accurate to the best of my knowledge. |                                                               |
| 253 Carter Mall                                                                   |                                                                         |                                                               |
| Whitewater, WI 53190                                                              | S                                                                       | lignature Date                                                |
| <i>Email:</i> honors@uww.edu                                                      | Administrative Section                                                  |                                                               |
| <b>Phone:</b> 262-472-1296                                                        | Approved Denied                                                         | Initials: Date:                                               |
|                                                                                   | Student notified:                                                       | Initials: Date:                                               |
|                                                                                   | Processed:                                                              | Initials: Date:                                               |

HSA New Member: \_

Date:

Rev. 07/08/2019