

APPLICATION

Please print, complete, and return this application to any Polk State College advisor.

Student Information:			
Name:	Student ID:		
Address:			
Home Phone:	Cell Phone:		
E-Mail Address:			
What college major do you plan to	pursue?		
When do you plan to graduate from	n Polk State College?		
Educational Background: High School: Name	City/State	Year Graduated:	
	City/State	_ Dates Attended:	
SAT combined score of 1 ACT composite score of College GPA of 3.2 or his PERT score of 120 or ab	coll GPA of 3.5 or higher on 4-point scale	ng SAT Score: ACT Score: GPA: Writing: Reading:	
	College to use my image for institutional and/or e on the Polk State website and/or other electronic		
understand that I must earn a mini	hat the information I have provided on this applications in the Honors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the requirements of the Horors Program A of 3.2 to complete the Prog	n designation and graduate from Polk	
Student Signature	Date		
I have verified the entrance require College Honors Program.	ement listed by the student and attest that the st	udent qualifies for the Polk State	
Advisor Signature	Advisor Print Name	Date	
Advisors: Please return this form t	to Natasha Mohamed, Station #8		

For more information, students may contact any of the Honors Coordinators: Winter Haven: Katrina Smith kasmith@polk.edu or Lakeland: honors@polk.edu