

APPLICATION

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

Student Information:			
Name:	Student ID:	Student ID:	
Address:			
Cell Phone:Po	lk State College Email Address:		
Program/Major:	Anticipated Gra	Anticipated Graduation Date:	
Educational Background:			
High School:		Year Graduated:	
Name	City/State		
Previous College(s)		Dates Attended:	
meet and provide the information		·	
SAT combined score	chool GPA of 3.5 or higher on 4-point scale of 1100 or higher in Mathematics and Critical	SAT Score:	
ACT composite score	e of 25 or higher	ACT Score:	
	or higher or above on Writing and Reading		
	college to use my image for institutional and/or educat on the Polk State website and/or other electronic and		
understand that I must earn a mini	hat the information I have provided on this application mum of 18 credit hours with the Honors Program des PA of 3.2 to complete the requirements of the Honors	ignation 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 student	qualifies for the Polk State	
Advisor Signature	Advisor Print Name Da	ute	