



POLK STATE

# Honors Program

## APPLICATION

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

### Student Information:

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Polk State College Email Address: \_\_\_\_\_

Program/Major: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

### Educational Background:

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
Name City/State

Previous College(s) \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Admission Options for the Honors Program are listed below. Please check **ONE** of the options below that you meet and provide the information:

_____ <b>Unweighted</b> High School GPA of 3.5 or higher on 4-point scale .....	GPA: _____
_____ SAT combined score of 1100 or higher in Mathematics and Critical Reading .....	SAT Score: _____
_____ ACT composite score of 25 or higher .....	ACT Score: _____
_____ College GPA of 3.2 or higher .....	GPA: _____
_____ PERT score of 120 or above on Writing and Reading .....	Writing: _____
	Reading: _____

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By my signature below, I confirm that the information I have provided on this application is accurate and complete. I understand that I must earn a minimum of 18 credit hours with the Honors Program designation and graduate from Polk State College with a cumulative GPA of 3.2 to complete the requirements of the Honors Program.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

I have verified the entrance requirement listed by the student and attest that the student qualifies for the Polk State College Honors Program.

\_\_\_\_\_  
**Advisor Signature**

\_\_\_\_\_  
**Advisor Print Name**

\_\_\_\_\_  
**Date**

**Advisors:** Please return this form to [honors@polk.edu](mailto:honors@polk.edu).

**For more information, students may contact** [honors@polk.edu](mailto:honors@polk.edu).

Polk State College is committed to and encourages equal opportunity/equity/access for its programs, services and activities.