

APPLICATION

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

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 Polk S	tate College?	
Educational Background: High School:		Year Graduated:
Name Previous College(s)	City/State	Dates Attended:
SAT combined score of 1100 or ACT composite score of 25 or hi College GPA of 3.2 or higher	are listed below. Please check ONE of the of 3.5 or higher on 4-point scalehigher in Mathematics and Critical Reading gher	GPA: g SAT Score: ACT Score: GPA:
$\hfill \square$ I give permission to Polk State College to includes, but is not limited to, use on the P		
By my signature below, I confirm that the i understand that I must earn a minimum of State College with a cumulative GPA of 3.2	18 credit hours with the Honors Program	designation and graduate from Polk
Student Signature	Date	
I have verified the entrance requirement list College Honors Program.	sted by the student and attest that the stu	dent qualifies for the Polk State

For more information, students may contact any of the Honors Coordinators:

Winter Haven: Katrina Smith kasmith@polk.edu or Lakeland: Larry Young at lryoung@polk.edu