POLK STATE

Honors Program

PROVISIONAL ADMISSION APPLICATION

Student Information:

Name:_____ Student ID:_____

Address:_____

Home Phone:_____ Cell Phone:_____

E-Mail Address:_____

When do you plan to graduate from Polk State College?_____

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 the option below that you are closest to meeting and provide your information.

____ **Unweighted** 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:_____

☐ I give permission to Polk State College to use my image for institutional and/or educational purposes only. (This includes, but is not limited to, use on the Polk State website and/or other electronic and print media.)

Please provide a statement (approximately one page) explaining why you wish to be in the Honors Program and why you feel you should be admitted on a provisional basis.

By my signature below, I confirm that the information I have provided on this application is accurate and complete. I give permission for the college administration to talk to my previous or current Polk State faculty about my academic performance. I understand that if admitted provisionally to the Honors Program, I must earn a 3.2 or higher GPA in the semester provisional admission is granted, which must include at least one Honors course. I also understand that if full admission is granted, 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**

_____ _____ _____
Advisor Signature **Advisor Print Name** **Date**

The Honors Coordinators have granted provisional admission to the Honors Program for this student for the following semester: _____

_____ _____
District Dean Signature **Date**

Advisors: Please return this form to **Dr. David Sutton, Station #61.**

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