

# Eastern Illinois University

## DEPARTMENTAL HONORS PROGRAM APPLICATION

Department \_\_\_\_\_ Date \_\_\_\_\_

Major(s)/Option(s)/Concentration(s) \_\_\_\_\_

Minor(s) \_\_\_\_\_

Name \_\_\_\_\_ E-number \_\_\_\_\_  
Last First MI

Local Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Gender \_\_\_\_\_

EIU E-mail \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Is applicant a continuing student at EIU, or a new transfer student with junior standing? (check one)

Continuing Student

Transfer Student

EIU Cumulative GPA \_\_\_\_\_ Transfer Cumulative GPA (if applicable) \_\_\_\_\_

EIU Major GPA \_\_\_\_\_ Transfer Major GPA (if applicable) \_\_\_\_\_

Hours of EIU Coursework Completed \_\_\_\_\_ Transfer Hours Completed (if applicable) \_\_\_\_\_

Expected Term and Year of Graduation \_\_\_\_\_

Departmental Honors courses to be completed	Credit hours	Semester(s) to be completed
	<small>(Must total at least 12 hours)</small>	<small>(semester/year)</small>


Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean of Honors College Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send to:  
 Ms. Sara M. Schmidt  
 EIU Honors College – Departmental Honors  
 600 Lincoln Avenue – Pemberton Hall South  
 Charleston, IL 61920