



UNIVERSITY OF WISCONSIN

Manitowoc

A Campus of the University of Wisconsin Colleges

APPLICATION TO ENROLL IN THE HONORS PROGRAM

Student Name: _____

Student ID: _____

Mailing Address: _____

-or- S.S. #: _____

Phone (home): _____

Email: _____

Phone (cell): _____

High School from which you graduated: _____

Name

City/State

Year

List any other colleges attended:

Name

City/State

From

Month Year

To

Month Year

Indicate briefly your reasons for wishing to participate in the Honors Program:

Student Signature: _____

Date: _____

For Office Use Only

H.S. Rank: _____

H.S. %: _____

ACT Composite: _____

Transfer GPA: _____

UW-Manitowoc GPA: _____

Director Recommendation: ADMITTED: _____

DENIED: _____

Dir. of Honors Program: _____

Date: _____

Date notification sent to student: _____

Return completed form to:

Dr. Amy J. Kabrhel, Director of the Honors Program, Office F237
or deliver to Administrative Services to be placed in her mailbox.