

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

(Must total at least 12 hours)

Semester(s) to be completed

(semester/year)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature _____

Date _____

Department Coordinator Signature _____

Date _____

Dean of Honors College Signature _____

Date _____

Please send to:
EIU Honors College – Departmental Honors
600 Lincoln Ave.– Pemberton Hall South
Charleston, IL 61920