

Honors Program Application

Full Name _____

Date of Birth _____

Social Security Number _____

ECC Student ID Number _____

Address _____

City _____ State _____ ZIP _____

Phone number _____

Email _____

Intended Major _____

When do you plan to begin Honors Program?

Summer Fall Spring _____ Year

High School Attended _____

Year of Graduation _____

GPA _____

Class Rank (_____ of _____)

ACT or SAT composite score _____

College(s) Attended _____

Years Attended _____

College-level credit hours completed _____

Cumulative GPA _____

Submission of this application indicates my desire to become a member of the Elgin Community College Honors Program. I recognize that with this membership I will be expected to enroll in honors classes and participate in Honors Program-related activities.

Student Signature _____

Date _____

Submit completed applications to:

ELGIN COMMUNITY COLLEGE
Office of Admissions, SRC 129
1700 Spartan Drive
Elgin, IL 60123-7193
admissions@elgin.edu