

**MISSOURI STATE UNIVERSITY
HONORS COLLEGE
APPLICATION FOR MEMBERSHIP
(Current MSU Students)**

NAME _____ SSN _____

PERMANENT ADDRESS:

PHONE NUMBER _____

LOCAL ADDRESS

PHONE NUMBER _____

SEMESTER FOR WHICH YOU ARE APPLYING _____

YEAR _____

DATE _____

In an essay, describe your academic and vocational goals and how you perceive the Honors College will help you attain these goals. (Attach page if necessary.)

Student's Signature

Date

* * * * *

FOR OFFICE USE ONLY

ACT composite _____ High school rank/g.p.a. _____ / _____

Hours completed at MSU _____ Cumulative g.p.a. _____

Action _____

Director's Signature

Date

Processed by

Date