



*Application Form*

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Full Name (Last, First, M)

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Street Address

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Street Address 2

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City

State

Zip Code

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Cell Phone Number

Home Phone Number

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Email

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High School Name

**Have you applied to SMSU?**

- Yes
- No

**Have you been accepted to SMSU?**

- Yes
- No

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Anticipated Enrollment Semester (Fall or Spring, Year)

SMSU Mustang/Tech Id (8-digit student ID number)

**In 500 words, type your response to the following:**

Please state your reasons for wishing to participate in the Honors Program, the qualities you bring that would benefit the program, and what you want to get out of your higher education experience—including your honors education experience.

**Checklist**

- Application
- An unofficial copy of your transcript
- Letter of Reference (preferably from a teacher)
- Typed response to the question

**Mail all Documents to:**

Honors Program  
Dr. Brett Gaul  
Southwest Minnesota State University  
BA 109 1501 State Street  
Marshall, MN 56258

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Applicant's Signature

Date