

*Application Form*

Full Name (Last, First, M)

Street Address

Street Address 2

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

High School Name

Have you applied to SMSU?

- ☐ Yes
☐ No

Have you been accepted to SMSU?

- ☐ Yes
☐ No

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. Eric Doise
Southwest Minnesota State University
BA 109 1501 State Street
Marshall, MN 56258

Applicant's Signature

Date