

University Honors Program Application

UNIVERSITY HONORS PROGRAM FROSTBURG STATE UNIVERSITY 101 BRADDOCK ROAD FROSTBURG, MARYLAND 21532-2303 301.687.4998 GWOOD@FROSTBURG.EDU OR HONORSPROG@FROSTBURG.EDU

Please read and follow all instructions carefully.

Last Name	Name First Name (legal name)							Middle										FSU ID (PAWS) Number (if available)										
Gender (optional) : 🗌 Male 🗌 Female						Birth Date Month: Day:							Year:															
Permanent Address													Stat	State				Zip										
Phone Number																												
()											_																	
E-mail Address																												
High School Applicants:	Tra	nsfer Applican	its:				1				-	I							- 1									
High School GPA	Colle	ege or University	y																									
SAT Evidence-Based Reading & Writi		College GPA																										
SAT Math	-	Please list all college-level Honors courses taken:																										
OR ACT Composite																	_											
Name of high school																												
																						-						
																						-						
Semester you wish to enroll at FSU:	Spring Year		Inte	ended ma	ajor o	or acade	mic in	nter	ests: _																			
Identify school and community activities in which you are involved:																												
																						_						
Are you interested in residing in Honors Housing?									□yes] no																	
If YES, please complete the Honors Housing application at www.frostburg.edu/HonorsHousin			Housing	j .																								
lf interested in Hanny harring, have you also do any list for an assume barrier at at				a Dacida		ife 046 -	~?			Г	7																	
If interested in Honors housing, have you already applied for on-campus housing via th If NO, be sure to complete the application, found at www.frostburg.edu/ApplyHousing.				e Kesiae	ince i	Life Offic	e?		∐yes		no																	
Did you request Honors Housing as your first choice on the Residence Life application?									□yes] no																	
Feel free to submit any creative or written work you might like us to see.																												
Please return the completed information sheet and other materials to:						EGORY																						
						RSITY H																						
						BURG S				SITY																		
						ADDO						2																
				FRO	USTI	BURG,	MAR	YL/	and 2	1532	-230	3																
If you have any questions along of 1201.4	97 4009	il awaad af	octhu-		щЦа	norch			thure -	. d																		
If you have any questions, please call 301.6	o7.4998 or ema	iii gwooa@fr	ostbur	y.eau o	or HO	norspri	ug@f	rosi	courg.e	eau.																		