



Honors Program Application Data

To apply for the Honor's Program you should

1. Complete this fillable Word Form by typing and pressing Tab key to move to next box
2. Save and print
3. Sign the document
4. Attach proper documentation as requested
5. Gather faculty signatures
6. Return to Professor John Paden, Suite 133 Warsaw Campus or send via USPS mail
52 Campus Drive
Warsaw, VA 22572

Name _____

Mailing Address _____

City _____, State (VA) __ Zip Code _____

Home Phone Number Area Code (804) _____ - _____

Work Phone Number (optional) Area Code (804) _____ - _____

Date of Birth Month _____ Day _____ Year _____

RCC Email Address _____

Personal Email Address _____

EMPLID # _____

Degree Program at RCC check all that apply

Arts and Science Business Management General Engineering Nursing Protective Services

Projected date of graduation _____

Current RCC students only:

Cumulative GPA _____ As of semester Fall Spring Summer Year _____ or specific date _____

Number of credit hours completed _____ As of semester: Fall Spring Summer Year _____ or specific date _____

List the last high school attended (or attending) and all colleges, universities, or other higher education experiences.

In the space provided, tell us why you want to be in the Honors Program

Eligibility

Depending on your enrollment situation, please include attach the following **documentation** to your application:

A) Newly Enrolled from high school (fulfillment of one of the following):

- Top 10% of graduating class
- SAT score of 1100 or greater
- 3.2 cumulative GPA on 12 or more dual enrollment credits

B) Currently Enrolled RCC students (fulfillment of these three requirements):

- Minimum of 12 hours college credit (or Honors Program Coordinator approval)
- Cumulative GPA of 3.2
- Recommendations (signatures) from two RCC instructors

C) Newly enrolled non-traditional students or those students with special circumstances

- Must apply directly to the Honors Program Coordinator to establish eligibility. The Coordinator will consider past academic performance, life experiences, and the student's readiness for Honors Program work.

I agree that all the information listed above is true to the best of my knowledge. I also allow a copy of my transcripts to be sent to the Honors Program Coordinator as needed.

Student's Signature : _____(date)_____

You must have two faculty members' approval who are familiar with your academic work and who recommend you for the Honors Program.

1. Faculty Member's Signature: _____ Date _____

2. Faculty Member's Signature: _____ Date _____

Return to John Paden, Honors Program Coordinator, Room 133B

Office Use Only-Do not write below

_____Approved/Date_____

_____Not Approved/Date_____