



APPLICATION FOR HONORS OPPORTUNITIES PROGRAM

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Student ID#			
Major or Desired Degree			
Have you completed all required Developmental coursework?		YES <input type="checkbox"/>	NO <input type="checkbox"/> NONE REQUIRED <input type="checkbox"/>
Will you be at Richland for at least one academic year?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
EDUCATION			
High School			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
College		College GPA	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
ACT STANDARDIZED TEST SCORES			
AREA	SCORE		
ENGLISH			
MATH			
READING			
SCIENCE			

Mail completed application to: Profs. Laurie Hughes and Rosemarie King
 Richland Community College Honors Program
 One College Park
 Decatur, IL 62521

You may also drop the form by the Honors office, C163.