

Eastern Illinois University

DEPARTMENTAL HONORS PROGRAM APPLICATION

Department _____ Date _____

Major(s)/Option(s)/Concentration(s) _____

Minor(s) _____

Name _____ E-number _____
Last First MI

Local Address _____ Cell Phone _____

Home Address _____ Home Phone _____
Street

City _____ State _____ Zip code _____ Gender _____ (optional)

EIU E-mail _____ Personal E-mail _____

Is applicant a continuing student at EIU, or a new transfer student with junior standing? (check one)

Continuing Student

Transfer Student

EIU Cumulative GPA _____ Transfer Cumulative GPA (if applicable) _____

EIU Major GPA _____ Transfer Major GPA (if applicable) _____

Hours of EIU Coursework Completed _____ Transfer Hours Completed (if applicable) _____

Expected Term and Year of Graduation _____

Departmental Honors courses to be completed	Credit hours <small>(Must total 12 hours)</small>	Semester(s) to be completed <small>(semester/year)</small>
BIO4444 (Independent Study) _____	_____	_____
BIO4555 (Research) _____	_____	_____
BIO4666 (Seminar) _____	_____	_____
BIO4644 (Thesis) _____	_____	_____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Department Coordinator Signature _____ Date _____

Dean of Honors College Signature _____ Date _____

Please send to:
 Ms. Sara M. Schmidt
 EIU Honors College – Departmental Honors
 600 Lincoln Avenue – Pemberton Hall South
 Charleston, IL 61920