

Date of Inquiry _____

**BARRY UNIVERSITY
HONORS PROGRAM**

Garner 129
(305) 899-3453
E-Mail: psirimangkala@barry.edu

Student Information Sheet

Name: _____ Student Number: _____

Local Address: _____

PhoneNumber (s): _____

E-mail: _____@mymail.barry.edu; _____

Permanent Address _____

Emergency Phone Number(s) _____

Current Year of Study: _____ 1st Term FR _____ 2nd Term FR _____ 1st Term SOPHO _____ 2nd Term SOPHO

Number of college credits completed _____

Name of Academic Advisor _____

Advisor's Phone; Office # _____

Advisor's Department/School or College _____

Major: _____ Minor and/or Specialization: _____

Expected Graduation Date: _____

Area of Research or Thesis Project Interested _____

FOR OFFICE USE:

Date of Application _____

Deadline to submit All Application Materials _____

Date of All Application Materials Received _____

Date of Application Reviewed by Honors Admission Committee _____

Application Materials required and received (indicate Cum GPA or date of receipt in provided space):

_____ Cumulative GPA of 3.5 or higher at the time of application (if applicable, after Adj _____)

_____ Cumulative GPA of 3.5 or higher at end of 2nd Term at BU (if applicable, after Adj _____)

_____ Admission Essay

_____ Letter(s) of Recommendation: _____

Honors Admission Committee's Decision (Director's signature required):

_____ Accept on this date _____ by _____

_____ Reject on this date _____ by _____

_____ Letter of Acceptance or Rejection sent to the student on this date _____

_____ Scholarship Awarded for \$ _____ annually (\$ _____ per semester)

Senior Honors Thesis Defense Date _____ Outcome: ___ Pass; ___ Deferred; ___ Fail

Thesis Mailed to student and thesis advisor on _____