



Personal Data

Name: _____
Last First Middle

Student ID #: _____

Home Address: _____
Street City
State Zip

Phone Number: _____ **Email Address:** _____

Educational Data

Major: _____ **Advisor:** _____

High School GPA: _____ (or) **GCCC GPA:** _____

ACT: _____ **SAT:** _____

CPT: Reading _____ **English** _____ **Arithmetic** _____
Algebra _____

Please check if expecting any of the credits below and indicate the number of credit hours.

AP _____ **AICE** _____

DE _____ **IB** _____

Approx. Graduation Date: Semester _____ **Year** _____

Where do you plan to transfer? _____

Member of Phi Theta Kappa? _____

Honors Director Approval: _____ **Date:** _____

