



LAMAR UNIVERSITY HONORS PROGRAM APPLICATION for Continuing or Transfer Students

Name _____ Social Security No. _____		
LAST	FIRST	MI
Current Mailing Address _____		
STREET or P.O. BOX/ APT. NO.		
CITY	STATE	ZIP CODE
PERMANENT Mailing Address _____		
STREET or P.O. BOX/ APT. NO.		
CITY	STATE	ZIP CODE
Phone (____) _____ email address _____		
Academic major at Lamar _____		Cumulative GPA _____
		Minimum required: 3.5
Hours completed _____		HONORS hours completed _____
Other Colleges or Universities attended _____		
High School _____ Graduation Date _____ Today's date: _____		
Please list the <i>names, addresses and phone numbers</i> of two persons familiar with your academic work who are willing to be contacted:		
1.		
2.		

RETURN THIS COMPLETED FORM TO THE ADDRESS BELOW. PLEASE INCLUDE -

- A current resume
- A cover letter detailing your educational and career goals and aspirations

Director, University Honors Program
Lamar University
P.O. Box 10968
Beaumont, TX 77710