



METROPOLITAN STATE  
COLLEGE of DENVER

# Honors Program

Metro State Honors Program • WC 147 • CB 64 • PO Box 173362 • Denver, CO 80217-3362  
Ph: 303-556-4865 • Fax: 303-352-4184 • <http://www.mscd.edu/~honors/>

## Honors Program Application

### Personal/Academic Information

Circle One: **Freshman**      **Transfer Student**      **Continuing Metro Student**

Name: (Last, First, M.I.): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Student #900: \_\_\_\_\_ Metro State E-mail: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Have you applied for admission to Metro State? Yes/No

If yes, have you been formally accepted to Metro State? Yes    No

### High School and Freshman Applicants

High School (Name): \_\_\_\_\_

(City and State): \_\_\_\_\_

Entrance Year: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Proposed College Major/Minor: \_\_\_\_\_

SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_ GED Percentile: \_\_\_\_\_

High School GPA: \_\_\_\_\_ AP/IB Coursework and Evaluations: \_\_\_\_\_

\_\_\_\_\_

### Continuing and Transfer Applicants

Declared/Undeclared Major: \_\_\_\_\_

Declared/Undeclared Minor: \_\_\_\_\_

Total Earned Credit Hours: \_\_\_\_\_ Metro State GPA: \_\_\_\_\_

Previous Institutions (*If Applicable; please enter your most recent institution first.*):

<u>Institution</u>	<u>Major/Minor</u>	<u>GPA</u>	<u>Semester Hours</u>
1.)			
2.)			
3.)			

# Supplemental Information

## Honors, Awards and Scholarships

Have you been awarded any scholarships? Yes    No

If yes, please list:

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Scholastic honors received:

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Significant extracurricular activities, including volunteer and leadership positions:

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## Writing Sample and Transcripts

### Writing Sample:

Please include a sample of your writing which represents your best work. Writing samples should demonstrate critical, rhetorical and/or creative ability, and be suitable for an academic audience. Samples should be approximately five pages in length. You may submit writing previously written for a class.

### Transcripts:

High school transcripts, as well as transcripts from previous institutions, should be sent to the Honors Office at the address below. **PLEASE NOTE: Metro State transcripts are not required. This information will be verified by Honors Program Staff.**

## Letters of Recommendation

Two letters of recommendation from previous educators or community leaders are required.

Letters of recommendation may be mailed with the completed application file, or e-mailed to [ltaylo46@mscd.edu](mailto:ltaylo46@mscd.edu).

Recommender Information:

1.) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

**Send the application, writing sample, transcripts and letters of recommendation to:**

**Dr. Leslie A. Taylor, Interim Director**

**Metro State Honors Program, West Classroom 147**

**Campus Box 64 P.O. Box 173362 Denver, CO 80217-3362**

**Email: [ltaylo46@mscd.edu](mailto:ltaylo46@mscd.edu) • Telephone: 303.556.4865 • Fax: 303.352.4184**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_