ORAL ROBERTS UNIVERSITY

Honors Program Transfer Student Application

Honors Program

Applicants with a minimum 1280 SAT (Math and Critical Reading Composite only) or 29 ACT and a 3.5 cumulative high school or college GPA are invited to apply to be Scholars in the Honors Program. To apply, complete the following information and submit the requested documents as indicated on page 2 of this form. Items should be hand-delivered, mailed, or e-mailed to the Honors Program (address below). There is no due date. Note: If you haven't taken the ACT or SAT, you must first enroll in at least two Honors courses and receive endorsements from those teachers before you can apply to the HP

PERSONAL INFORMATION (Please I	Print Neatly or Ty	. ,			
NameLast	Firet	Middle	Phone ()_		
Last	FIRST	ivildale			
Address		City	State or Co	ountry	_ Zip
Date of Birth(Month/Day/Year)	Gender:	□Female □Male	E-mail		
Citizenship		If other than USA, lis	t visa type and numb	er	
Are you a National Merit	☐ Semi	-Finalist	Commended	Unknown	
EDUCATIONAL DATA					
High SchoolFull Name of School	C	City and State	Year of	Graduation	
Indicate which of the following qualifying					
☐ Scholastic Achievement	Test (SAT)	Date	Score, if kn	own	
☐ American College Test (A	ACT)	Date	Score, if kn	own	
High School GPA:/	_(max) High	School Rank:	out of a total	al of	_ students
Names and contact information of two	people completing	ng refer			
What major field(s) of academic study	are you intereste	ed in pursuing at Oral	Roberts University?		
Signed by Applicant			Date Submi	itted	

Mail application to:

ORU Honors Program Department of Biology

Oral Roberts University, 7777 S. Lewis Ave., Tulsa, OK 74171

E-mail: honorsprogram@oru.edu

Website: http://honors.oru.edu

ORAL ROBERTS UNIVERSITY



HONORS PROGRAM GUIDELINES

Answer the questions below on a separate page and submit with your application. (Please type and number each question)

- 1. Why do you want to participate in the ORU Honors program?
- 2. What educational or academic experiences and/or accomplishments and honors in your life provide a foundation for honors work at ORU?
- 3. The Honors Program is looking for students who demonstrate excellence in many aspects of their lives and show promise of leadership. How do you satisfy these criteria? In what areas have you served as a leader?
- 4. The Honors Program places great emphasis on community service and volunteerism. In what areas have you served as a volunteer and why?
- 5. Write a description of your values/personal ethics and career interests with reference to the people and experiences that have helped to shape them. What makes you distinctive? What do you want to accomplish in your life and why?

Please feel free to share any additional information you believe may be important to the evaluation of your application.

ORAL ROBERTS UNIVERSITY

Honors Program Recommendation Form

Applicant's name:		Last First Middle			Phone: ()		
	Last	First	Middle				
applicant's addres	SS:Street		City		State	Zip	
Signature:				Date			
signature:				Date			
signature:				Date.			
-1000		* 130.			***************************************		
O BE COMPLET	ED BY THE PERSON	N DOING THE RE	ECOMMENDATION:	The above-name	ed applicant is ap	plying for	

	Outstanding	Excellent	Good	Average	Poor	No basis to
	Top 5%	Top 10%	Top 25%	Top 50%	Lower 50%	evaluate
Critical thinking						
Oral communication skills						
Writing skills						
Self-direction						
Emotional stability						
Academic aptitude						
Responsibility						
Dependability						
Flexibility						
Teachability						

(over)

	Outstanding Top 5%	Excellent Top 10%	Good Top 25%	Average Top 50%	Poor Lower 50%	No basis to evaluate
Spiritual maturity						
Personal integrity						
Social skills						
Creativity						
Leadership						
Volunteer record						
Ability to work with others						
OVERALL RANKING						

3.	Please note any	strengths or	r weaknesses t	hat might mak	e this applicant	t more or less	s desirable for	this program.
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4. Please summarize your recommendation for this applicant.

Name (print)	Title
Institution	Phone
Address	Signature
City, State Zip	Date

MAIL RECOMMENDATION TO:
ORU HONORS PROGRAM
BIOLOGY DEPARTMENT
ORAL ROBERTS UNIVERSITY
7777 S LEWIS AVE
TULSA, OK 74171

E-MAIL: <u>HONORSPROGRAM@ORU.EDU</u>

ORAL ROBERTS UNIVERSITY

Honors Program Recommendation Form

Ch		onses below: of access to thi			required for my application.	
					Phone: ()	
ΛΡΙ Δnr	olicant's address	Last	First	Middle	Phone: <u>()</u>	
					Date:	
adr					The above-named applicant is applying for te and return the form at your earliest	
1.	How long have yo	u known the ap	plicant?	In what	t capacity?	
2.	Please rate the ap	oplicant, in com	parison to others at	this education level	, in the following areas.	

	Outstanding	Excellent	Good	Average	Poor	No basis to
	Top 5%	Top 10%	Top 25%	Top 50%	Lower 50%	evaluate
Critical thinking						
Oral communication skills						
Writing skills						
Self-direction						
Emotional stability						
Academic aptitude						
Responsibility						
Dependability						
Flexibility						
Teachability						

	Outstanding	Excellent	Good	Average	Poor	No basis to
-	Top 5%	Top 10%	Top 25%	Top 50%	Lower 50%	evaluate
Spiritual maturity						
Personal integrity						
Social skills		_				
Creativity						
Leadership						
Volunteer record						
Ability to work with others						
OVERALL RANKING		-				

5. Please note any strengths or weaknesses that might make this applicant more or less desirable for this program.

6. Please summarize your recommendation for this applicant.

Name (print)	Title
Institution	Phone
Address	Signature
City, State Zip	Date

Mail recommendation to:
ORU Honors Program
Biology Department
Oral Roberts University
7777 S Lewis Ave

Tulsa, OK 74171

E-mail: honorsprogram@oru.edu