

**RENEWAL APPLICATION TO GRADUATE FROM THE  
ORAL ROBERTS UNIVERSITY HONORS PROGRAM**

Revised 11.10.2010

(NOTE: You must return this form with department signatures to Dr. Korstad or Dr. Meyers by **February 15** of your senior year. We'll authenticate and send it to the Registrar.)

NAME \_\_\_\_\_ Fellow \_\_\_\_\_ or Scholar \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

ZIP \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ Z#: \_\_\_\_\_

CUMULATIVE GPA \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

MAJOR (complete two sheets for double major) \_\_\_\_\_

OTHER MAJOR(S) OR MINOR(S) \_\_\_\_\_

**HONORS COURSES COMPLETED (or in progress – label these IP):**

<u>Course Number Title</u>	<u>Credit Hrs.</u>	<u>Semester &amp; Year (e.g., F10)</u>	<u>Grade</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			

**Total # Honors credits so far (incl. this semester) = \_\_\_\_\_**

**SIGNATURES:**

Dept. Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Honors Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office: \_\_\_\_\_ Date: \_\_\_\_\_