



**RENEWAL APPLICATION TO MAINTAIN MEMBERSHIP IN THE
ORAL ROBERTS UNIVERSITY HONORS PROGRAM**

NOTE: This form should be filled out and signed by the student and then delivered to Dr. Korstad or Dr. Meyers by **April 15** every year. We will authenticate and notify you of renewal, probation, or dismissal. A list of all HP students in good standing will be sent to the Financial Aid Office by the end of the semester for renewal of academic scholarships. **By NOT filling this out, you are informing us that you are discontinuing your status as an HP Student.**

NAME _____ Fellow _____ or Scholar _____

Z# _____ EMAIL ADDRESS _____

LOCAL PHONE # _____ Is this e-mail address new for HP? _____

CUMULATIVE GPA _____ GRADUATION YEAR _____

MAJOR _____ ADVISOR _____

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 & Year (e.g., F10)</u>	<u>Grade</u>	<u>Honors Contract Used for this Course?</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				

Total # Honors credits so far (incl. this semester) = _____

HP activities that have you participated in this year (e.g., Retreat, Picnic, Research Extravaganza, etc.):

Fall Sem.: _____

Spr. Sem.: _____

Service or service learning projects that you participated in this year:

SIGNATURES:

Student: _____ Date: _____

Honors Program Dir./Assoc. Dir.: _____ Date: _____