

Saginaw Valley State University Honors Program Application

Name: _____

Student ID Number: _____

Permanent Address: _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____ (Local) _____

Email _____

Date of High School Graduation: _____

Name of High School: _____

Anticipated Major at SVSU _____

ACT Score: _____

Please list all of the Advanced Placement classes you have already taken and passed:

Please list all of the Advanced Placement classes that you plan on taking before you graduate from high school:

Please list all of the dual enrollment classes you have taken for credit. Please note the name of the dual enrollment next to each class.

Please list all of the dual enrollment classes you plan to take for credit. Please note the name of the dual enrollment next to each class.

Please mail completed application and materials to:

Dr. Paul E. Teed
SVSU
Brown Hall 303
University Center, MI 48710