Millersville University
HONORS COLLEGE

ON-CAMPUS STUDENT APPLICATION

DATE: _____

MU ID: _____

LAST NAME: _____ FIRST NAME: _____

NAME BY WHICH YOU PREFER TO BE ADDRESSED: _____

PERMANENT ADDRESS:

STREET _____

CITY _____

ST/ZIP _____

CAMPUS ADDRESS:

STREET _____

CITY _____

ST/ZIP _____

MU EMAIL: _____

BIRTHDAY: _____ MAJOR: _____

HS GPA: _____ # OF CREDITS EARNED: _____

SAT/ACT SCORE: _____ CUMULATIVE GPA: _____

Please give the name and position of a professor on campus familiar with your academic abilities and commitment to education and who has **consented** to speak on your behalf.

NAME: _____ POSITION: _____

SIGNATURE: _____

****Attach a one page, well written (typed) essay about why you would like to be a part of Millersville's Honors College and how the Honors College fits into your plans for your time at MU as well as your career goals.**

RETURN TO:
MILLERSVILLE UNIVERSITY HONORS COLLEGE
FRANKLIN HOUSE
MILLERSVILLE, PA 17551