



SUNY Orange HONORS PROGRAM APPLICATION

DESIRED DATE OF ENTRY: Term Year: 20____ ☐ Fall ☐ Spring **CAMPUS:** ☐ Middletown ☐ Newburgh

STUDENT ID #: _____ **INTENDED MAJOR:** _____

LEGAL NAME: _____ **DATE OF BIRTH:** _____
First Middle Last Month Day Year

LEGAL ADDRESS: _____
Number and Street City State Zip Code

TELEPHONE: (Home) _____ (Cell) _____ **E-MAIL:** _____
Area Code and Number Area Code and Number

ACADEMIC INFORMATION:

TEST SCORES: SAT: CR _____ M _____ W _____ ACT Composite Score: _____

High School Grade Point Average: _____ High School Rank: _____

TRANSFER STUDENTS: *(enter the information if you have completed 12 or more college credits)*

College Name: _____ College GPA: _____ Completed Credits _____

LIST AWARDS / HONORS (HIGH SCHOOL AND / OR COLLEGE):

STATEMENT: Please write a short paragraph describing why you would like to be a part of the SUNY Orange Honors Program.

APPLICANT SIGNATURE: _____
Student Signature Date

Please submit completed application and (2) letters of recommendation to:
Office of Admissions, SUNY Orange, 115 South St, Middletown, NY 10940