UNIVERSITY HONORS
REQUEST FOR AN APPLICATION

Name: ____________________________________________________________

First    Middle    Last

Birthdate (dd/mm/yyyy): ____________    UCF PID (if known): ____________

Address: _______________________________________________________

Street    Apt.#

City: ____________________________    State: ____________    Zip: ____________

E-mail address: ________________    Telephone: (_____ ) ____________

High School: ____________________________________________________

Academic Area of Interest: _______________________________________

SAT _________    ACT _________    GPA _________    PSAT _________

(if available)

Please fax this form to (407) 823-6583 or mail it to us at:
The Burnett Honors College
University of Central Florida
PO Box 161800
Orlando, FL 32816-1800