

# HONORS



## Transfer Student Application

### COMMONWEALTH HONORS PROGRAM

Please type or print

Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Month / Day / Year)

Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City or Town State Zip Code

Country \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Major \_\_\_\_\_  
(REQUIRED)

Salem State ID \_\_\_\_\_  
(IF KNOWN)

Current college \_\_\_\_\_  
Name (use proper name) City State

Current college GPA \_\_\_\_\_ Are you in an honors program at your current college? \_\_\_\_\_

Other colleges attended \_\_\_\_\_  
Name (use proper name) City State

Number of college credits completed \_\_\_\_\_ Number of credits this semester \_\_\_\_\_

Do you plan to commute or live in the residence halls? \_\_\_\_\_

**Please attach a statement that introduces yourself and describes the world you come from.  
We assume that you are more than your GPA—what can you tell us to fill in the picture?**

Return this completed form with your statement to:

Commonwealth Honors Program  
Salem State University  
352 Lafayette Street  
Salem, MA 01970

honors@salemstate.edu  
978.542.6247  
salemstate.edu/honors