



DR. LYDIA R. DANIEL

HONORS PROGRAM

Application

NAME _____
last first middle

ADDRESS _____
street

city state zip code

TELEPHONE (H) _____ (C) _____

DATE OF BIRTH _____

EMAIL _____

APPLYING FOR: FALL SEMESTER ☐ SPRING SEMESTER ☐ 20_____

ACADEMIC INFORMATION

HIGH SCHOOL _____

YEAR GRADUATED _____ GRADE POINT AVERAGE (unweighted) _____ HIGH SCHOOL RANK _____

TEST SCORES*

ACT: COMPOSITE SCORE _____ ENGLISH _____ READING _____ MATH _____

SAT: TOTAL SCORE _____ CRITICAL READING _____ MATH _____

CPT: READING _____ SENTENCE SKILLS _____ MATH _____

* Please note first time students without SAT or ACT comparable scores must complete the HCC College Placement Test (CPT) at college level entry.

DUAL ENROLLMENT COURSES YES _____ NO _____

COMPLETED CREDITS _____ CURRENTLY ENROLLED

COURSES _____

LIST ALL DUAL ENROLLMENT COURSES; PLEASE INDICATE COMPLETED, CURRENTLY REGISTERED, OR CURRENTLY ENROLLED _____

COLLEGE _____
name city and state dates attended

COMPLETED CREDITS _____ GRADE POINT AVERAGE _____

over

INTENDED ACADEMIC
MAJOR_____

INTENDED
OCCUPATION_____

LIST SCHOLASTIC HONORS OR SCHOLARSHIPS
RECEIVED_____

LIST SIGNIFICANT EXTRACURRICULAR
ACTIVITIES_____

STATEMENT – WHY WOULD YOU LIKE TO BE A PART OF THE HCC HONORS INSTITUTE?

RECOMMENDATION

WHOM HAVE YOU ASKED TO WRITE THE LETTER OF RECOMMENDATION FOR YOU?

NAME_____ PLEASE CIRCLE ONE HIGH SCHOOL TEACHER OR COUNSELOR

SIGNATURE OF
APPLICANT_____

DATE_____

RETURN TO

Dr. Lydia R. Daniel Honors Program
Hillsborough Community College
4001 W. Tampa Bay Blvd.
Tampa, FL 33614
PHONE: (813) 253-7986 or (813) 253-7974
FAX: (813) 253-7940

EMAIL: LFURRY@HCCFL.EDU or HONORS@HCCFL.EDU

Clear Form