



COLLEGE of CHARLESTON

HONORS COLLEGE

For office use only: A WS T 1
V _____
M _____ } _____
ACT _____ = _____
R _____ / _____ = _____ %
HS GPA _____ (W) _____ (U)
College GPA _____ (W) _____ (U)

Application for Admission—Current College of Charleston Students

I. STUDENT INFORMATION

Name _____
Last First Middle Nickname

Address _____
Street
City State Zip Code

Semester Applying for: _____

Telephone _____ Student ID # _____

Email _____

Country of Citizenship _____ Date of Birth _____

Gender: M _____ F _____ Self-Description: _____

II. ACADEMIC INFORMATION

High School Name _____

City and State of High School _____

High School Entrance Date _____ High School Graduation Date _____

Intended Academic Major(s) _____

Intended Occupation _____

List major scholastic honors received. You may attach a resume.

(Continued on reverse side)

III. List significant extracurricular activities, especially leadership positions. You may attach a resume.

_____	_____
_____	_____
_____	_____
_____	_____

IV. List significant community service activities or involvement. You may attach a resume.

_____	_____
_____	_____
_____	_____
_____	_____

V. Writing Sample

In lieu of the traditional essay, please submit a writing sample that was completed at the College of Charleston.

VI. Letter of Recommendation

Please submit the Honors College Recommendation Form with one letter of recommendation from a CofC professor. Whom have you asked to write a letter of recommendation for you?

Name _____ Position _____

Signature of applicant Date

Please send this application form, writing sample, letter of recommendation, and your current semester grades to:

Dr. John H. Newell, Dean
Honors College
College of Charleston
Charleston, SC 29424
Phone: (843) 953-7154 Fax: (843) 953-7135
website: <http://www.cofc.edu/honorscollege> e-mail: honors@cofc.edu

Remember that you must have completed the separate College of Charleston application and be accepted by January 15th in order to be considered for scholarships.



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LETTER OF RECOMMENDATION

To be completed by applicant:

Name of Applicant: _____

The Family Education Rights and Privacy Act of 1974 provides that applicants have the right to inspect all letters of reference placed in their credential file subsequent to January 1, 1975, unless this right is waived. If you wish to waive this right, please indicate your decision by signing the following statement:

I wish to waive my right to read or inspect this recommendation, even though I understand that I am under no obligation to do so.

Signed _____ Date _____

To be completed by recommender:

- I. The above student has applied for admission to the Honors College at the College of Charleston. In the chart below, please rate the student in comparison to other college-bound students you have known in terms of each of the listed categories.

	Below Average	Average	Very Good	Excellent	One of the Best I Have Encountered	No Opportunity to Observe
Intellectual Ability						
Academic Achievement						
Critical Thinking						
Motivation						
Leadership						
Concern for Others						
Written Expression						
Effective Class Discussion						
Potential for Growth						

- II. In an attached letter, please expand upon your ratings. Please tell us how long and in what capacity you have known the student and comment on the applicant's academic record and potential, motivation and ability to do Honors work, leadership and community service activities, and anything else that you think would assist the Honors College Committee in deciding whether to admit the applicant.

Signature _____ Date _____

Name _____

Position _____

Phone _____ Email _____

Send completed form and letter of recommendation to:

Dr. John H. Newell, Dean, Honors College, College of Charleston, Charleston, SC 29424