



**RENEWAL APPLICATION TO MAINTAIN MEMBERSHIP IN THE  
ORAL ROBERTS UNIVERSITY HONORS PROGRAM**

NOTE: This form should be filled out and signed by the student and then delivered to Dr. Korstad or Dr. Meyers by **April 15** every year. We will authenticate and notify you of renewal, probation, or dismissal. A list of all HP students in good standing will be sent to the Financial Aid Office by the end of the semester for renewal of academic scholarships. **By NOT filling this out, you are informing us that you are discontinuing your status as an HP Student.**

NAME \_\_\_\_\_ Fellow \_\_\_\_\_ or Scholar \_\_\_\_\_

Z# \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

LOCAL PHONE # \_\_\_\_\_ Is this e-mail address new for HP? \_\_\_\_\_

CUMULATIVE GPA \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

MAJOR \_\_\_\_\_ ADVISOR \_\_\_\_\_

OTHER MAJOR(S) OR MINOR(S) \_\_\_\_\_

**HONORS COURSES COMPLETED (or in progress – label these IP):**

<u>Course Number Title</u>	<u>Credit Hrs.</u>	<u>Semester &amp; Year (e.g., F10)</u>	<u>Grade</u>	<u>Honors Contract Used for this Course?</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				

**Total # Honors credits so far (incl. this semester) = \_\_\_\_\_**

HP activities that have you participated in this year (e.g., Retreat, Picnic, Research Extravaganza, etc.):

Fall Sem.: \_\_\_\_\_  
\_\_\_\_\_

Spr. Sem.: \_\_\_\_\_

Service or service learning projects that you participated in this year:

\_\_\_\_\_

**SIGNATURES:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Honors Program Dir./Assoc. Dir.: \_\_\_\_\_ Date: \_\_\_\_\_