



**Mount Wachusett  
Community College**

*Mount Wachusett Community College*

**HONORS PROGRAM  
APPLICATION  
Current Students**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Preferred e-mail address:** \_\_\_\_\_

**Degree program:** \_\_\_\_\_

**Present Academic Advisor:** \_\_\_\_\_

**Credit hours completed at MWCC:** \_\_\_\_\_

**Credit hours transferred:** \_\_\_\_\_

**Present Cumulative Average:** \_\_\_\_\_

**Recommending MWCC Faculty Members:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please return to Sheila Murphy, room 365, Gardner campus**