The City College Honors Program

Application for Continuing and Transfer Students

For admission to the City College of New York Honors Program for students currently enrolled at City College.

Most students admitted to the City College Honors Program are new freshmen, but a small number of continuing students may be admitted to the City College Honors Program at the discretion of the program staff.

Eligible applicants must have fewer than 60 credits and a cumulative GPA of 3.6 or higher. Students will be required to take at least five (5) core courses in Honors. (These courses are also known as ‘general education’ courses or ‘pathways’ courses.) *Students with too many core courses may not be appropriate for the program.*

**Candidates under consideration for acceptance will be interviewed in early January. IF you will not be available for interview in early January, please contact us in December in case we need to make alternative arrangements.**

The Honors Program is ***not*** able to offer scholarships to continuing or transfer students applying for admission. The program is an academic program that offers intensive advising, a supportive academic community and other benefits.

Please note that students in the Sophie Davis School of Biomedical Education are not eligible for the program.

**Applications for the 2018 spring semester are due January 3, 2018**

**Decisions about admission to the program will be made by mid-January.**

Deliver applications to:

The Honors Center, the City College of New York

NAC Room 4/150

160 Convent Avenue

New York, N.Y. 10031

The City College Honors Program

Application for Continuing Students

**The application should include the following:**

1. Application form. Please print or type all information and sign the form. Your recommenders should complete Part II of this form and return to you.
2. A letter of introduction, telling us your academic interests and goals as well as what motivated you to apply to honors.
3. Two letters of recommendation. At least one must be from a faculty member. The recommendations should include your name and the phrase “recommendation for City College Honors Program.” Please request that your teacher return the recommendation to you in a sealed envelope, signed across the flap. If the recommendation is from someone outside of school, they may send it directly to the Honors Center at the address above.
4. Writing sample: Please include a copy of a *graded* paper with your professor’s comments. Please include a copy of the assignment as well. The paper need not be long—250 words will suffice.
5. If you are a CUNY student, you do not need to submit a transcript. We will review your transcript on CUNYFirst once final grades are posted (in early January). If you are **not** currently a CUNY student please send an official copy of your transcript after the semester grades are in.

**CITY COLLEGE HONORS CONTINUING STUDENT APPLICATION FORM**

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

Emple ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City College E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Home # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Cell # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If selected as a candidate for the program, will you be available in early to mid-January for an interview? Yes\_\_\_\_ No\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendation Form (please print 2)**

To the Applicant:

Please complete this form and forward it to your recommenders. Each recommendation should be typed on letterhead and returned with this form to you in a sealed and signed envelope or sent directly to:

The Honors Center, the City College of New York

NAC Room 4/150

160 Convent Avenue

New York, N.Y. 10031

Applicant’s Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(LAST) (FIRST)

I am aware of the rights afforded me by the Federal Educational Right to Privacy Act of 1974, as amended. I hereby waive 🞎/do not waive🞎 my right to examine the contents of this recommendation letter. I understand that by waiving my right I do so under the condition that the reference is used solely for the purpose for which it is intended.

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the Recommender:

This student is applying for the City College Honors Program at The City College of New York. In your letter, please indicate how long and in what capacity you have known the applicant; be as specific as possible about the applicant’s academic performance, leadership abilities, and outstanding qualities. Keep in mind that the applicant cannot be considered for Honors until your recommendation is on file. Please use letterhead and return the recommendation along with this form in a sealed envelope, signed across the seal, to the student or send it directly to us.

Recommender’s Name (print)

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(LAST) (FIRST)

Institution/Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach recommendation to this form. Thank you.