

***Springfield Technical Community College
Commonwealth Honors Program Registration***

Name: _____ Student ID Number: _____

Address: _____

Phone Number(s): _____ E-mail _____

Newly admitted or prospective STCC student:

Did you participate in a high school honors program? _____

School Name: _____ Date of graduation: _____

High School Cumulative Average/ GPA: _____

SAT Scores (if available): _____

Current or returning STCC student:

Major: _____

Number of college-level credits earned to date: _____

Current GPA: _____

Anticipated Graduation Date : _____ Advisor: _____

Your signature: _____ Date: _____

Registration Completed:

STCC Honors Program Coordinator _____ Date: _____