APPLICATION FOR HEALTH & EXERCISE SCIENCES DEPARTMENTAL HONORS
Truman State University
Health & Exercise Sciences
Pershing Building 334
Kirkville, MO 63501


Date: ____________________________ (Please type or print clearly)
Name: ____________________________ Banner ID#: ____________________________
Major: ____________________________ Graduation Date: __________ May 10, 2008

1. What is your cumulative GPA at the present time? ____________________________

2. What is your major GPA at the present time? ____________________________
   (Please attach major GPA worksheet.)

3. Have you completed a research project within the Health & Exercise Sciences Program? ______________
   If so, please list name of research project(s), author(s), and mentor:

   Name of Project: ____________________________
   Author: ____________________________
   Mentor: ____________________________

   ______________________________________

   ______________________________________

   ______________________________________

4. Have you ever presented a research project at the Truman State University Undergraduate Research Conference, at
   a professional conference, or published a paper? ______________
   If so, please list below name of research project, author(s), mentor, and name and date of symposium, conference, or
   journal:

   Name of Project: ____________________________
   Author(s): ____________________________
   Mentor(s): ____________________________
   Name of Symposium, conference, or journal: ____________________________
   Date of Symposium, conference, or journal: ____________________________

5. CHES Score: ______ (Scores are not in yet, please note the month you took the exam) Date Taken: ______
   (OR)
   ACSM HFI Score: ______
   Date Taken: ______
   (OR)
   BOC Score: ______
   Date Taken: ______
   Please attach copy of exam results.

I attest to the best of my knowledge that the information provided above is true and correct. In addition, I understand that
the Department of Health and Exercise Sciences Office will verify all information, and that it will only be used for
consideration of obtaining Health and Exercise Sciences Departmental Honors.

Signed: ____________________________ Date: ____________________________