COMMONWEALTH HONORS PROGRAM

	Date		
Name		Date of birth	/ / (Month / Day /Year)
Address			
Number and Street			
City or Town State	Zip Code	Country	
Telephone number	Cell phone		
Email address			
Major	Salem State ID	(If know	vn)
Major			
Current Salem State GPA Other colleges attended			
Number of college credits completed Number of credits	s this semester		
Do you \Box commute \Box live in the residence halls If so, which o	ne?		
Please attach a statement that introd ces , o rself and describes the orl We ass me that , o are more than , o r GPA and SAT scores hat can ,		ne pict re?	
Return this completed form with your statement to:			
Commonwealth Honors Program Salem State University 352 Lafayette Street Salem, MA 01970			

honors@salemstate.edu 978.542.6247 salemstate.edu/honors