

GAMMA HONORS

The International Society for Honor Graduates

ACADEMIC HONOR VERIFICATION FORM

Instruction: Complete Parts I & II of this form online and then sign and mail all pages to the Registrar of your College/University or to the Principal of your High School.

PART I (To be completed by Applicant).

CHECK THE ONE CATEGORY IN WHICH YOU ARE SEEKING MEMBERSHIP

- POSTGRADUATE – DOCTORATE CATEGORY (earned Doctorate)*
- POSTGRADUATE – MASTER’S CATEGORY (earned Master’s)*
- FOUR YEAR COLLEGE & UNIVERSITY CATEGORY (earned Bachelor’s)*
- TWO YEAR COMMUNITY/JUNIOR COLLEGE CATEGORY (earned Associate’s)*
- HIGH SCHOOL CATEGORY (earned High School Certificate or Diploma)*

CHECK THE ONE CLASS OF HONOR YOU EARNED

DOCTORAL & MASTER’S DEGREE APPLICANTS

- DOCTORAL DEGREE (earned Doctorate)
- MASTER’S DEGREE WITH GPA IN THE 90 PERCENTILE (Over 3.59 on a scale of 4.0)

BACHELOR’S DEGREE APPLICANTS

- SUMMA CUM LAUDE (HIGHEST HONOR)
- MAGNA CUM LAUDE (HIGH HONOR)
- CUM LAUDE (HONOR)

ASSOCIATE’S DEGREE APPLICANTS

- SUMMA CUM LAUDE (HIGHEST HONOR)
- MAGNA CUM LAUDE (HIGH HONOR)
- CUM LAUDE (HONOR)

HIGH SCHOOL DIPLOMA/CERTIFICATE APPLICANTS

- VALEDICTORIAN (**Note:** If you check this class, do not check “Top One Percent of My High School Graduating Class”)
 - SALUTATORIAN (**Note:** If you check this class, do not check “Top One Percent of My High School Graduating Class”)
 - TOP ONE PERCENT OF MY HIGH SCHOOL GRADUATING CLASS
-

PART II (to be completed by Applicant).

NAME:

First Name *Middle Name* *Last Name* (*Suffix e.g. Jr., III*
etc.)

NAME OF THE COLLEGE, UNIVERSITY or HIGH SCHOOL

CITY: _____

STATE: _____ **COUNTRY:** _____

STUDENT ID# OR LAST 4 DIGITS OF YOUR SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

YEAR OF

GRADUATION: _____ **MONTH/SEMESTER/TERM** _____

TYPE OF DEGREE/DIPLOMA EARNED (e.g. Ph.D., MA, BA, BSN, AA, AS, High School Diploma
etc.) _____

MAJOR/AREA OF SPECIALIZATION/CONCENTRATION (e.g. Accounting, Electrical
engineering etc): **Note:** (If you are applying as a High School Graduate, ENTER "High School
Diploma".) _____

FINAL CUMMULATIVE GPA _____ **OF A POSSIBLE/MAXIMUM GPA OF** _____

Applicant's Signature: _____ Date: _____

[*Remember to complete the online APPLICATION FORM]**

PART III (to be completed by your Institution). PLEASE TYPE OR PRINT

Dear Sir/Madam:

The person named in Part II of this form, a former student at your institution, has applied for lifetime membership and recognition in GAMMA HONORS, the International Society for Honor Graduates where membership is reserved exclusively for *Graduates with Honor*. The student has also requested membership and recognition in the Category and Class he/she has checked above in Part I.

Our acceptance policy requires that the information the applicant has provided & indicated in Parts I & II be verified, confirmed and certified as accurate by the appropriate official designated by the institution.

Please confirm the above information provided by the applicant regarding Final GPA and Class of Honor by providing the following information, signing, and affixing your institution's official stamp or seal.

Name of School: _____

School Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Name of Person/School Official Completing this Form: _____

Your Title: _____

Phone#: (_____) _____

E-Mail Address: _____

Signature: _____ Date: _____

***[Place School
Stamp/Seal here]***

Note: Applications without the above information will not be accepted

**YOU MAY RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED,
STAMPED ENVELOP, OR YOU MAY MAIL THE ENTIRE PACKAGE DIRECTLY TO THE
FOLLOWING ADDRESS:**

(Note: Faxed applications are not acceptable!)

**Gamma HONORS
The International Society for Honor Graduates
CREDENTIALS VERIFICATION DEPARTMENT
P.O. BOX 32694
BALTIMORE, MD 21282-2694**