



The Honors Transfer Council of California

Application for Membership

Name of College: _____ Date: _____

College Address: _____

Date your Honors Program began offering classes/contracts: _____

Contact Person: _____ Title (director/coordinator): _____

Mailing Address (if different from college address): _____

E-mail Address: _____ FAX: _____

Office Tel: _____ Home Tel: _____

Please provide the following information for statistical purposes:

1. Director:

units of released time for honors (AY): _____

overload pay for honors (unit equivalent per AY): _____

summertime pay/released time for honors work: _____

2. Support Staff:

classified/hourly clerical for honors (hours per week): _____

work-study for honors: _____

3. Do you have an Honors Office separate from your faculty office? Yes No

4. Do you have an honors student organization recognized by your student government? Yes No

5. Approximate number of students now enrolled in your program: _____

6. Approximate number of students who will be ready for transfer
at the end of this academic year: _____

7. Is your program based on: A. ___ honors courses/sections only, B. ___ honors contracts only
or C. ___ a combination of the two?

8. If A or C, are your courses/sections i. ___ freestanding, ii. ___ add-ons to regular sections,
or iii. ___ a combination?

9. Approximate number of honors courses/sections offered per semester i. ___ freestanding
ii. ___ add-ons

The Constitution of the Honors Transfer Council of California states: "Membership in the Honors Transfer Council is open only to community colleges with an active honors/scholars program that meets the following criteria:" **Please initial the criteria met by your program.**

_____ (1) The program offers honors/scholars courses and/or contracts designed to offer an enriched academic experience as defined by the instructional faculty of the college;

_____ (2) The program is designed to assist students in developing their critical thinking skills and writing ability;

_____ (3) The program is a campus-wide endeavor in that it offers courses from various disciplines and is assisted by a broad-based advisory committee;

_____ (4) The program establishes and adheres to completion requirements that include a minimum GPA and a minimum number of letter-graded honors/scholars courses and units;

_____ (5) The program sets its GPA minimum at 3.0 or above, and sets its completion requirement at five courses or above, equivalent to at least 15 semester units;

_____ (6) The program is headed by members of the instructional faculty;

_____ (7) The head of the program is supported by reassigned time and/or stipends commensurate with the size of the program and the number of students served;

_____ (8) The program is supported by clerical assistance commensurate with the size of the program and the number of students served;

_____ (9) The program makes counseling available to honors/scholars students to support them in their educational endeavors and plans, including transfer;

_____ (10) The program pays annual dues [\$50] to the Council, unless those dues be forgiven for reasons given under Article 1, Section 3 of the Bylaws.

If your program does not meet any of the above criteria, please attach a brief explanation of the circumstances and of any plans or progress toward meeting them.

Please forward this completed form together with:

1. Any literature produced by your program (posters, brochures, student handbooks, course listings, etc.)
2. A letter, signed by your college President/Superintendent or Vice-President for Academic Affairs, requesting membership in the HTCC and attesting that the required criteria are met or that your college has plans to meet them.

Mail to:

**Joseph Holliday
El Camino College
HTP/BSS Division
16007 Crenshaw Blvd.
Torrance, CA 90506
(310) 660-3815
jholliday@elcamino.edu**