



GARRISON HONORS CENTER

ORANGE COAST COLLEGE

Email: garrisonhonorscenter@occ.cccd.edu Phone: 714.432.5601

INFORMATION FORM

THIS FORM MUST BE FILLED OUT COMPLETELY EACH SEMESTER and be accompanied by an unofficial copy of the OCC transcript as well as other college and/or high school transcripts that will be used to determine eligibility for honor society membership. A separate application for each honor society must also be submitted with confirmation of paid membership fees.* Fill in ONLY the fields available to you as you tab from top to bottom and left to right (some are required, other optional); leave other fields blank.

STUDENT ID	GENDER	FIRST NAME	MI	LAST NAME
C	M F other/non-binary			
EMAIL ADDRESS	ETHNICITY OR RACE	Birthdate (MM/DD/YY)	MAJOR	PHONE
@student.cccd.edu				
MAILING ADDRESS	APT. OR UNIT	CITY	STATE	ZIP

The following info can be found near the bottom of your OCC transcript

OCC GPA HOURS	OCC QUAL. POINTS	OCC CUM GPA	OCC UNITS IN PROGRESS	APPLICATIONS ARE ATTACHED FOR								
				<input type="checkbox"/>	ABG	AGS	AMG	EEO	MAT	MDR	OPS	NTHS
					PAM	PTK	PRS	PTE	PB	SALUTE	SCE	SKD
NON OCC GPA HOURS	NON OCC QUAL. POINTS	NON OCC GPA	NON OCC UNITS IN PROGRESS	TOTAL ALL GPA HOURS	TOTAL ALL QUAL. POINTS	TOTAL CUM GPA						

EXPECTED FINAL SEMESTER AT OCC	OCC EDUCATION GOALS					DO YOU PLAN TO TRANSFER?		
Fall Spring	AA	AS	AA-T	AS-T	CERTIFICATE (PROGRAM):	YES	NO	

FINAL YEAR IN HIGH SCHOOL AND COMPLETION STATUS (CHOOSE ONE)			
HIGH SCHOOL GRADUATE	I TOOK THE CHESPE	I EARNED MY GED	NOT A HIGH SCHOOL GRAD

HIGH SCHOOL INFORMATION (IF APPLICABLE)	
NAME OF ORANGE COUNTY HIGH SCHOOL ATTENDED	CITY AND STATE OR COUNTRY OF HIGH SCHOOL ATTENDED

TRANSFER INSITUATIONS YOU ARE CONSIDERING (IN ORDER OF PREFERENCE):			
1.	2.	3.	4.

HOW DO YOU INTEND TO PARTICIPATE WITH YOUR HONORS ORGANIZATIONS?			
<input type="checkbox"/> Attend chapter meetings	<input type="checkbox"/> Serve in an appointed position	<input type="checkbox"/> Assist with publicity and promotion	<input type="checkbox"/> Share knowledge/talents
<input type="checkbox"/> Campus/community service	<input type="checkbox"/> Plan/host events, projects, activities	<input type="checkbox"/> Mentor fellow/prospective members	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Serve in an elected leadership position	<input type="checkbox"/> Represent society at chapter events	<input type="checkbox"/> Help recruit new members	<input type="checkbox"/> I do not plan to participate

WHAT DO YOU HOPE TO GAIN FROM YOUR PARTICIPATION IN HONORS ORGANIZATIONS?			
<input type="checkbox"/> Leadership development	<input type="checkbox"/> Enhanced transfer opportunities	<input type="checkbox"/> Notation on transcript	<input type="checkbox"/> Attend Conferences/meetings
<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Add to resume/credentials	<input type="checkbox"/> Make new friends	<input type="checkbox"/> Graduation recognition
<input type="checkbox"/> Volunteer experience	<input type="checkbox"/> Seal for diploma	<input type="checkbox"/> Additional Scholarship Opportunities	<input type="checkbox"/> Professional networking
<input type="checkbox"/> Public speaker experience	<input type="checkbox"/> Develop problem-solving skills	<input type="checkbox"/> Other (describe):	

YOUR AFFILIATIONS (CHECK ALL THAT APPLY)			
<input type="checkbox"/> EOPS*	<input type="checkbox"/> CARE	<input type="checkbox"/> CALWorks	<input type="checkbox"/> Single parent w/minor children
<input type="checkbox"/> Guardian Scholars*	<input type="checkbox"/> Int'l/Non-Resident Student	<input type="checkbox"/> Puente Project	<input type="checkbox"/> Concurrent enrollment in HS
<input type="checkbox"/> U.S. Veteran	<input type="checkbox"/> Athlete (team sport at OCC)	<input type="checkbox"/> Re-Entry Student (1 yr or more gap in education)	<input type="checkbox"/> DSPS
			<input type="checkbox"/> Lifetime Member of CSF
			<input type="checkbox"/> OCC Honors Program

By signing below, I declare that I have provided complete and accurate information to all questions and true copies of all college transcripts. I affirm that I am in good standing with the Orange Coast College Dean of Student Services' Office and am not on academic or disciplinary probation, suspension, or expulsion from the college. I understand that misrepresentation of any information requested in connection with my application(s) could result in immediate revocation of any or all OCC honor society memberships. I authorize the Garrison Honors Center to review my transcripts in order to determine my eligibility for the honors organizations to which I am applying and to provide my contact information to the parent organizations, if any, associated with my chapter memberships.

X	When finished, please save and re-name your document: LAST NAME_FIRST NAME.GENF20
SIGNATURE	DATE